

ROME HEALTH		
TITLE: Financial Assistance Program		POLICY NUMBER: ADM-026
ISSUE DATE: 04/1994	LAST REVISION DATE: 9/2026	LAST REVIEW DATE: 9/2026

POLICY:

Financial assistance is available to individuals who have received or are going to receive emergency or medically necessary care at Rome Health. Patients will be seen regardless of their ability to pay. Patients who have the ability and are unwilling to pay will be classified as bad debts after following normal collection procedures. Repayment terms, as appropriate, will be handled by Rome Health's (RH) Business Office. This policy pertains to all RH services except as noted herein. For those who meet the financial assistance eligibility criteria, the following procedure shall be followed. This policy will be updated upon publication of the annual Federal Poverty Guidelines. This policy is available at no cost upon request and the application can be found online at <https://www.romehealth.org/medical-financial-assistance-near-rome-ny/>

PROCEDURE:

I. ELIGIBILITY

1. RH is willing to extend the application of our financial aid policy to all eligible individuals residing within the State and beyond. Our current policy does not limit availability of financial aid based on residency at all but rather need. Individuals must have an income at or below 400% of the Federal Poverty Level and meet one of the following criteria to be eligible for financial assistance:
 - i. Any patient who is uninsured (does not have medical insurance) and is not Medicaid eligible.
 - ii. Any patient who is left with coinsurance, co-pays, or deductibles by his or her insurance company and is not eligible for Medicaid. These patients are considered to be underinsured.
 - iii. Any estate when an attorney communicates the following:
 - a. The estate has no assets and there is no surviving spouse, or
 - b. There are limited funds and the attorney has the capability of settling for a lesser amount.
 - iv. Any minor when parental responsibility cannot be established.
 - v. Any self-pay patient referred to our facility by Crisis Intervention, the Salvation Army, the Rescue Mission, and/or found in the street, when it has been established that the patient is indigent, transient, and with no medical coverage available.
 - vi. Any patient who has exhausted his/her insurance benefits and demonstrates no further ability to pay for services rendered. This also includes any Medicaid eligible patient who received care for a non-covered service.
 - vii. Any account returned to us by our collection agencies and is designated by the collection agency as being potentially eligible for financial assistance.
 - viii. Any account in which an outside party (i.e. Social Worker, attorney, or caregiver) calls for the patient to inform us of financial difficulties.
2. The following are not eligible for financial assistance benefits:
 - i. Accounts where patients did not supply the requested billing information from their insurance companies or where patients choose not to have their insurance company billed.
 - ii. Residential Healthcare Facility (RHCF) accounts.
 - iii. Medically unnecessary services such as cosmetic procedures, private rooms and pre-admission denials.

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3. The following grid provides information regarding the physician groups who provide services at Rome Health and whether or not their medically necessary services that were performed at the hospital are **covered under this policy**. The providers at Boonville Family Care, Camden Family Care, and Rome Health Pediatrics formerly Delta Medical are affiliated with and employed by Rome Health and therefore included in this Financial Assistance Policy.

Type of Provider	Group Name	Address	Phone#	Covered
Anesthesiologists	Premier Anesthesia of New York, LLC	PO Box 405739 Atlanta, GA 30384	816-215-8600	NO
Emergency Medicine	Team Health	Akron Billing Center 3585 Ridge Park Drive Fairlawn, OH 44333-8203	888-952-6772	NO
Hospitalists	St. Joseph's Health Hospital Program	PO Box 2337 Syracuse, NY 13220	315-701-5607	NO
Lab & Pathology	LabCorp	28 Campion Road, New Hartford, NY 13413	800-845-6167	NO
	There is a possibility that a specimen obtained during a procedure may be sent by the Centrex pathologists to an out-of-network reference lab for further analysis to aid in an accurate diagnosis.			
Primary Care	Rome Health Physician Center	1500 N James Street Rome, NY 13440	315-337-1200	YES
Radiologists	Radiology Associates of New Hartford	PO Box 678421 Dallas, TX 75267-8421	800-475-3698	NO
Specialty Physicians	Rome Medical Practice • All About Women	PO Box 2003 East Syracuse, NY 13057	315-337-0429	NO
Rome Health Specialists	• Rome Surgical Specialists • Rome Orthopedics & Sports Medicine	1500 N James Street Rome, NY 13440	315-337-1200	YES
Wound Care Specialists	Providers at Regional Center for Wound Care	245 Hill Road Rome, NY 13441	315-337-1200	YES

4. The Financial Assistance Coordinator will send the list of approvals/denials to, Rome Health Physicians Center and Rome Medical Practice on a regular basis.

II. APPLICATION

- Applications are available at all Patient Access locations (on and off campus), the Business Office (245 Avery Lane) and on the website found at <https://www.romehealth.org/medical-financial-assistance-near-rome-ny/>. The application and/or the Financial Assistance Program policy can be obtained free of charge by mail by calling the Business Office at 315-338-7075 or by calling the Financial Assistance Coordinator at 315-338-7077.
- Applications can apply for financial assistance at any point, including during the collection process.

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3. All collection activity will be suspended once an application is received. If accounts are with a collection agency at the time an application is approved, then all activity will stop and any extraordinary collection actions will be reversed.
4. Decisions on completed applications will be made within 30 days by Director of the Business Office/Financial Assistance Coordinator or designee.
5. Each approved application is valid for one year providing documented financial status has not improved.
6. If determination is made that this patient is a candidate for financial assistance, the following information is required:
 - i. Proof of monthly income for all household members (*e.g.* copy of most recent pension, Social Security statement, 1040 tax forms, pay stubs etc.). Applications will be evaluated on a case by case basis when proof of income is not available.
 - ii. As of January 1st 2024, Medicaid eligibility is up to 138% of the Federal Poverty Guidelines. If an applicant falls below 138% of the Federal Poverty Guideline the hospital can assist the applicant in applying for Medicaid. Any application received from a Medicaid eligible individual will continue to be processed per this policy as outlined above.
 - iii. The Director of the Business Office/Financial Assistance Coordinator or designee will review the above and sign off on all requests for financial assistance.
7. Applications can be turned into the following locations:
 - i. Rome Health; Business Office; 245 Avery Lane, Rome, NY.
 - ii. Rome Health; Patient Access Department; 1500 North James Street, Rome, NY.
8. The Financial Assistance Coordinator is located within the Business Office as listed above and can be reached at 315-338-7077. The coordinator can assist individuals in the application process.

III. FINANCIAL GUIDELINES

1. The following guidelines are effective as of 01/17/2026:

FEDERAL POVERTY LEVELS (2026)	
FAMILY SIZE	POVERTY GUIDELINES
1	\$15,960
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720

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- For families with more than eight members, add \$5,680 for each additional member. The above 2026 Federal Poverty Level (FPL) Guidelines were established by the Department of Health and Human Services as published in the Federal Register as of January 17, 2026.
- The definition of "family" will be interpreted to include students, regardless of their residence (who are supported by their parents) or others related by birth, marriage, or adoption. They must be considered as residing with those who support them.
- The definition of “income” includes: gross wages; salaries; tips. Income from business and self-employment; unemployment compensation; workers’ compensation; Social Security; Supplemental Security Income; veterans ’payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
- Discounts: Those with incomes at or below 200 percent of poverty will receive a full 100 percent discount for health care services. Those with incomes above 200 percent of poverty, but at or below 300 percent of poverty, will be charged a nominal fee of 10% of the NYS Medicaid rate. Those with incomes above 300 percent of the poverty guidelines but at or below 400 percent, will be charged a nominal fee of 20% of the NYS Medicaid rate.
- Patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.

IV. FINANCIAL ASSISTANCE AVAILABLE

- Rome Health will determine the NYS Medicaid rate by using the “look-back” method using Medicaid claims data between 11/01/2023 and 10/31/2024. Following a determination of Financial Assistance eligibility, an eligible individual may NOT be charged more than the Medicaid rate for emergency or other medically necessary care. Individuals who are eligible for Financial Assistance will never be billed at gross charges for emergency or other medically necessary care.

FEDERAL POVERTY LEVELS (2026)			
HOUSEHOLD SIZE	200%	300%	400%
1 Person	\$31,920	\$47,880	\$63,840
2 Persons	\$43,280	\$64,920	\$86,560
3 Persons	\$54,640	\$81,960	\$109,280
4 Persons	\$66,000	\$99,000	\$132,000
5 Persons	\$77,360	\$116,040	\$154,720
6 Persons	\$88,720	\$133,080	\$177,440
7 Persons	\$100,080	\$167,160	\$222,880

INCOME LEVEL	PAYMENT
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Below 200% FPL	Waive all charges
200% - 300% FPL	Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the services by Medicaid. Under insured patients: Up to a maximum of 10% of the amount that would have pursuant to such patient's insurance cost sharing.
301% - 400% FPL	Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the services by Medicaid. Under insured patients: Up to a maximum of 20% of the amount that would have pursuant to such patient's insurance cost sharing.

2. All lines of business for Rome Health will use the Prospective Method for determining discounts. This includes Emergency Services, Rome Health Physician Center, Boonville Family Care, Camden Family Care, Rome Health Pediatrics, Rome Medical Practice, Ambulatory Surgery/Endoscopy, Observation, Ancillary, Acute inpatient, Behavioral Health, Community Recovery, Wound Care, and PT, OT, ST services.

i. All outpatient services:

- Outpatient Medicaid rate = 12.65% of gross charges.
- Inpatient Medicaid (not including BHU) rate = 27.23% of gross charges.
- BHU Medicaid rate = 58.66% of gross charges.

ALL

V. DEPOSITS/REFUNDS

1. RH will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance.
2. Patients who are eligible for Medicaid are NOT required to make a payment at time of service.
3. If a patient pays more than the amount awarded from Financial Assistance, then that amount will be refunded to the patient if greater than \$5.00.

VI. PATIENT AND COMMUNITY NOTIFICATIONS:

1. Patients will be notified about the Financial Assistance Program, at a minimum, the following ways:
 - i. The Patient Guide, which is given to all inpatients and observation patients, will include the plain language summary of the policy.
 - ii. A paper copy of the plain language summary is offered to all outpatients.
 - iii. Signage is located at all intake areas including off-site clinics/locations and within the Business Office. These areas will have paper copies available to the public in person and by mail.
 - iv. All billing statements and collection letters will notify patients on how to obtain more information on financial assistance via phone or internet.
 - v. The Public Relations department will forward updated brochures/plain language summaries on an annual basis (or as needed) to local community organizations

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whose members are most likely to require financial assistance from a hospital facility.

VII. COLLECTION ACTIONS PRIOR TO ELIGIBILITY DETERMINATIONS

1. RH's Business Office will follow its collection procedure found in Policy BO-001 prior to Financial Assistance eligibility determinations which includes the following:
 - i. Statements will be generated every 30 days. All of which will contain information on who to contact to discuss Financial Assistance eligibility.
 - ii. This statement will include the RH Financial Assistance plain language summary and will notify the patient of the extraordinary collection actions that may be taken after 180 days if no response is received.
 - iii. Business Office staff will make reasonable efforts to orally notify eligible patients about the financial assistance policy and how to apply.
 - iv. **Collection actions** that may be taken after 180 days of the first post discharge bill and after reasonable efforts have been made to determine Financial Assistance eligibility include forwarding to an outside collection agency.

VIII. PAYMENT ARRANGEMENTS/COLLECTION ACTION AFTER FINANCIAL ASSISTANCE HAS BEEN AWARDED

1. Patients accepted into the Financial Assistance Program must make regular monthly payments on the balance due, not to exceed 5% of their gross monthly income.
2. Interest and/or fees will NOT be charged upon missed payments.
3. If three consecutive payments are missed, accounts may be sent to an outside collection agency.
4. Any financial assistance discount given will remain in the event that an account is sent to a collection agency.
5. Contracted collection agencies must comply with this policy and will provide RH's financial assistance information to our patients.
6. RH will not force the sale or foreclosure of a patient's primary residence to collect an outstanding bill.
7. Collection agencies will not take legal action, including judgments and wage garnishments.
8. A patient will be notified at least 30 days before an account is transferred to a collection agency. Collection agencies will not submit information to credit reporting companies.
9. Collection action will not be taken on any Medicaid-eligible services.
10. If an account is with a collection agency when Financial Assistance is approved then the account will be closed and returned from the collection agency, all extraordinary collection actions will be reversed and the billing/statement process will start over.
11. The Director of the Business Office, or designee, will monitor compliance with these policies and procedures.

IX. APPEAL PROCESS

1. Any applicant who is denied or partially denied financial assistance will be notified in writing that he/she has the right to appeal the decision.
2. All appeals must be in writing and include relevant supporting documentation.
3. The appeal process may be initiated within 30 days of receipt of decision.

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4. Appeals will be reviewed by the Director of the Business Office/Financial Assistance Coordinator or designee. The applicant will be notified within 10 business days of appeal outcome.
5. All collection activities will be suspended during the appeal process.

X. STAFF TRAINING

1. The Business Office staff will receive training on our Financial Assistance policy and procedures every time the policy is updated, minimally once per year.
2. Training will also be included in Rome Health's Annual Self Learning Module that is mandatory for all staff.

XI. IMPLEMENTATION

1. The Director of the Business Office will be responsible for the issuance and coordination of this policy, compliance with its provisions, clarification of questions regarding the policy, and revision of its content.
2. It shall be the responsibility of the Director of the Business Office to implement and mandate compliance with this policy.

Policy Originator: Finance
Policy Collaborator(s): Business Office
Administration
Patient Access
Board of Trustees

Reference(s): Subdivision 9-a of Public Health Law Section 2807-K
IRS Section 501(r) Regulations
Federal Register
National Health Service Corps (NHSC)