

**UPMC
POLICY AND PROCEDURE MANUAL**

POLICY: HS-RE0722-NY *
INDEX TITLE: Revenue

SUBJECT: Financial Assistance Process

DATE: September 27, 2025

I. POLICY

UPMC is committed to providing financial assistance to people who have health care needs and are uninsured, underinsured, ineligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance, or otherwise unable to pay for medically necessary care. UPMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

In order for UPMC to responsibly manage its resources and provide the appropriate level of assistance to the greatest number of persons in need, patients are expected to contribute to their cost of care based on their individual ability to pay.

Patients applying for financial assistance are also expected to cooperate with UPMC's procedures for obtaining financial assistance or other forms of payment, those with the financial capacity to purchase health insurance will be encouraged to do so.

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of a medical screening examination and to the extent necessary, services needed to treat the patient or stabilize them for transfer as applicable. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, gender identity or religious affiliation.

Links to policies referenced within this policy can be found in Section XIV.

II. PURPOSE

This policy addresses the various types and levels of financial assistance eligibility requirements, services that are included and excluded, and the process for securing financial assistance.

III. SCOPE

This policy applies to all fully integrated New York based UPMC hospitals and physician providers. (See attachments - Facility & Provider Listings).

IV. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Emergency Care or Emergency Treatment: The care or treatment for emergency medical conditions as defined by EMTALA (Emergency Medical Treatment and Active Labor Act.)

Financial Assistance: Financial assistance is the provision of healthcare services free of charge or at a discount to individuals who meet the established criteria.

Family: As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, adoption, marriage, same-sex marriage, unmarried or domestic partners.

Uninsured: The patient has no level of insurance (either private or governmental) or other potential assistance options, such as Victims of Violent Crimes, Auto Insurance, 3rd Party Liability, etc. to assist with meeting his/her payment obligations for health care services received from UPMC.

Underinsured: The patient has some level of insurance (either private or governmental) or other potential assistance options, such as Victims of Violent Crimes, Auto Insurance, 3rd Party Liability, etc. but still has out-of-pocket expenses that exceed 10% of his/her gross annualized income.

Income/Family Income: Income/Family Income is determined by calculating the following sources of income for all qualifying household members.

- Wages, salaries, tips
- Business income
- Social Security income
- Pension or Retirements Income
- Dividends and Interest
- Rent and Royalties
- Unemployment compensation
- Workers' compensation income
- Alimony and child support
- Legal Judgments
- Cash
- Support Letters
- Other Income, such as income from trust funds, charitable foundations, etc.

Items that are not considered in determining income include:

- Primary Residence
- Retirement Funds
- Primary Vehicle

Indigence: Income falls below 400% of the Federal Poverty Guidelines.

Financial or Medical Hardship: Financial assistance that is provided as a discount to eligible patients with annualized family income in excess of 400% of the Federal Poverty Guidelines and the out of pocket expense or patient liability resulting from medical services exceeds 10% of family income.

Federal Poverty Guidelines: Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current Federal Poverty Guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

Presumptive Charity Care: The use of external publicly available data sources that provide information on a patient's ability to pay.

V. **ELIGIBILITY**

- A. Services Eligible under this Policy.** Financial assistance is available for eligible individuals who seek or obtain emergency and other medically necessary care from UPMC Providers. This Financial Assistance Policy (FAP) covers medically necessary care as defined by the NY CLS Pub Health § 2807-k (General Hospital Indigent Care Pool).
- B. Services not eligible for financial assistance under this Policy regardless of whether they constitute medically necessary care include:**
- a. Cosmetic surgery not considered medically necessary
 - b. All transplant and related services
 - c. Bariatrics and all related services
 - d. Reproduction-related procedures (such as in-vitro fertilization, vasectomies, etc.)
 - e. Acupuncture
 - f. Package Pricing - services included in a package price are bundled and subject to an inclusive rate which is not subjected to any other forms of discounting.
 - g. Private duty nursing
 - h. Services provided and billed by a non UPMC entity which may include lab or diagnostic testing, dental, vision and speech, occupational or physical therapies

- i. Patient accounts or services received by a patient who is involved in pending litigation that relates to or may result in a generation of recovery based on charges for services performed at UPMC
- j. Other non-covered services such as laser eye surgery, hearing aids, etc.

VI. ELIGIBILITY AND ASSISTANCE CRITERIA

- A. Financial assistance will be provided in accordance with UPMC's mission and values. Financial assistance eligibility will be considered for uninsured and underinsured patients, and those for whom it would be a financial hardship to pay in full the expected out of pocket expenses for services provided by UPMC. Financial assistance will be provided in accordance with federal, state and local laws. Applicants for financial assistance are encouraged to apply to public programs for available coverage, if eligible, as well as for pursuing public or private health insurance payment options for care provided by UPMC. Patients who do not cooperate in applying for programs that may pay for their healthcare services may be denied financial assistance. UPMC shall make affirmative efforts to help patients apply for public and private programs.

Typically, financial assistance is not available when a person fails to comply reasonably with insurance requirements (such as obtaining authorizations and/or referrals) or for persons who opt out of available insurance coverage, regardless of whether or not the patient meets eligibility requirements. Furthermore, a financial assistance determination by UPMC is subject to modification and/or retraction in the event that any material information was misstated on, or omitted from, the application, or a claim adjudication occurred resulting in insurance coverage for the applicant, or other material change of circumstances.

In addition, this policy will not apply to individuals who reside outside the service area and would be required to travel in order to seek treatment from a UPMC Provider. The service area includes all counties contiguous to a UPMC facility. Non-resident international patients are excluded from financial assistance unless the patient is treated for an emergency. UPMC, in its sole discretion, may waive these exclusions after considering all relevant facts and circumstances. Additionally, UPMC may approve financial assistance for patients utilizing presumptive charity care. Eligible services provided to patients that have Medicaid or Medicaid HMO insurances that are non-covered or not reimbursable per their individual fee schedules will qualify for financial assistance.

- B. **Patient Financial Assistance Eligibility Guidelines.** Except as otherwise provided herein, services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in

reference to Federal Poverty Level guidelines published by the U.S. Department of Health and Human Services.¹

1. Indigence:

- A. When a patient is *uninsured* and the patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is at or below **400%** of the Federal Poverty Guidelines, the patient will be approved for a 100% reduction for the care provided by the Provider. This means that the fees for services are completely waived.
- B. When a patient is *underinsured* and the patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is at or below **400%** of the Federal Poverty Guidelines; the patient is eligible for financial assistance. The patient's insurance will be billed, and the patient's remaining liability will be approved for a 100% reduction for the care provided by the Provider.

3. Financial or Medical Hardship: If a patient's and/or responsible party's (ex. Parents, Spouse, etc.) income exceeds 400% of the Federal Poverty Level, they may be considered for a Financial or Medical Hardship. UPMC will consider assistance where a patient's out of pocket expense or patient liability exceeds 10% of family income or where a patient's medical bills are of such magnitude that payment threatens the patient's financial survival. Assistance will be provided in the form of an adjustment of charges to prevent patient liability from exceeding 10% of the charges for uninsured for 10% of the remaining patient liability.

Notwithstanding anything contained in this policy, if an award of financial assistance that does not cover 100% of the charges for the service is granted, the amount due from patients who are eligible under this Policy for discounted care will not be more than amounts generally billed (AGB) as defined below. UPMC in its discretion may waive or modify eligibility requirements after considering all relevant facts and circumstances in order to achieve this Policy's essential purpose of providing medical care to patients who lack financial means.

VII. AMOUNTS GENERALLY BILLED

UPMC will not charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. UPMC will use the Look-Back method to determine AGB. The AGB

¹ Federal Poverty Guidelines for the current year are available at <http://aspe.hhs.gov/poverty-guidelines>. The Provider's use of federal poverty guidelines will be updated annually in conjunction with the federal poverty guideline updates published by the United States Department of Health and Human Services.

is calculated using all claims allowed by the Medicare- Fee-For-Service and Private health insurances (including the Medicaid Managed Payers). For this purpose, UPMC will select the lowest percentage of any hospital facility covered by the policy and apply this percentage to all emergency or other medically necessary care covered by the policy. The lowest amount currently calculated is 35%.

VIII. APPLYING FOR FINANCIAL ASSISTANCE

Eligibility determinations will be made based on UPMC's policy and an assessment of a patient's financial need. Uninsured and underinsured patients will be informed of the Financial Assistance Policy and the process for submitting an application. Applicants for financial assistance are required to apply to public programs for available coverage, if eligible, as well as for pursuing public or private health insurance payment options for care provided by UPMC. UPMC will process the request for financial assistance within 30 days of receipt. If there is missing documentation, the patient will be given an additional 30 days to respond to the request.

UPMC will make reasonable efforts to explain the benefits of Medicaid and other available public and private programs to patients and provide information on those programs that may provide coverage for services.

Information on public or private coverage and UPMC's Financial Assistance Policy will be communicated to patients in easy-to-understand, culturally appropriate language, and in the most prevalent languages spoken in applicable hospital service area communities.

A. Application Process:

Typically, a patient is not eligible for financial assistance until he or she has applied for and is determined to be ineligible for applicable federal and State governmental assistance programs. UPMC will make resources available to assist patients in enrolling in and/or applying for federal and Commonwealth government programs. UPMC may decide to process the financial assistance application without the documentation that the patient is ineligible for Medical Assistance or other governmental assistance programs.

All applicants are expected to complete the UPMC Financial Assistance application form (see attachment) and provide requested documents. If documentation is not included with the application, the financial information shared on the application may be used in order to make the financial assistance determination. The patient's signature will be used as attestation to the validity of the information provided. In addition, while completed applications and supporting documentation are more likely to result in a more efficient application process, financial assistance may be awarded in the absence of a completed application and supporting documentation as provided by this policy under presumptive financial assistance (described below) or otherwise in the discretion of UPMC.

Financial Assistance applications are to be submitted to the following office:

Patient Financial Services Center
UPMC
Quantum 1 Building
2 Hot Metal Street
Pittsburgh, PA 15203
1-833-298-7321 option 2

Requests for financial assistance will be processed promptly and UPMC will notify the patient or applicant in writing within 30 days of receipt of a completed application. If denied eligibility for any of the financial assistance offered, the patient may re-apply at any time. If the patient is denied financial assistance and a payment to satisfy the balance or a payment plan is not established the account may be transferred to a 3rd-party collection agency for follow-up. Please refer to UPMC's Billing and Collections Policy HS-RE0724-NY.

If the patient is approved for financial assistance, the eligible patient balances will be adjusted accordingly. application will remain on file for 6-months and may be used to grant financial assistance within the 6-month time period without requesting additional financial information.

If a patient is approved for financial assistance through the application process and has made a payment to the accounts which qualify for financial assistance; payments over \$5.00 will be refunded to the extent consistent with the level of financial assistance awarded.

B. Presumptive Financial Assistance Eligibility:

Presumptive Indigence:

UPMC recognizes that not all patients are able to complete the financial assistance application or provide the required documentation. There may be instances when financial assistance is warranted and the patient qualifies for assistance, despite the lack of formal applications and income assessment described in this policy. In the normal course of assessment of a patient's ability to pay, UPMC, in its sole discretion, may declare the patient's account uncollectible and classify the account as meeting eligibility criteria. Presumptive eligibility may be granted to patients based on life circumstances such as:

1. homelessness or receipt of care from a homeless clinic;
2. participation in Women, Infants and Children programs (WIC);
3. receiving SNAP (Supplemental Nutritional Assistance Program) benefits;
4. eligible for other state or local assistance programs, such as Victims of Violent Crimes;
5. deceased patient with no known estate.

When presumptive financial assistance eligibility is established, typically a 100% discount will be available.

Other Presumptive Eligibility:

For patients who are non-responsive to UPMC's application process, other sources of information, such as estimated income and family size provided by a predictive model or information from a recent Medical Assistance application, may be used to make an individual assessment of financial need. This information will enable UPMC to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, UPMC may utilize a third-party to review the patient's information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, resources, and liquidity. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for UPMC. The predictive model enables UPMC to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.

Information from the predictive model may be used by UPMC to grant presumptive eligibility in cases where there is an absence of information provided directly by the patient. Where efforts to confirm coverage availability have been unsuccessful, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

In the event a patient does not qualify for the highest level of financial assistance under the presumptive rule set, the patient may still provide the requisite information and be considered under the traditional financial assistance application process. When a patient is denied financial assistance through the presumptive eligibility process, a letter will be sent to the patient along with a financial assistance application. The patient will have 30 days to complete the application prior to sending the account to a 3rd-party collection agency.

Presumptive screening provides benefit to the community by enabling UPMC to systematically identify financially needy patients, reduce administrative burdens, and provide financial assistance to patients who have not been responsive to the financial assistance application process.

IX. NOTIFICATION OF FINANCIAL ASSISTANCE AND RELATED INFORMATION

UPMC's Financial Assistance Policy (FAP), the FAP application form and the plain language summary of the FAP (the "FAP Documents") shall be available to all UPMC patients as follows:

- A. The FAP, FAP application form and a plain language summary of the FAP are available on UPMC's website, (<https://www.upmc.com/patients-visitors/paying-bill/services/apply>), searchable by the mechanism applicable to the site generally. The FAP Documents will be printable from the website.
- B. The FAP, the FAP application form and plain language summary of the FAP are available upon request and without charge, both in public locations in UPMC hospitals and by mail.
- C. Visitors to the facility are informed and notified about the FAP and availability of the FAP Documents by notices in patient bills and by posted notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses and at other public places as UPMC may select. Information will also be included on public websites. Referral of patients for financial assistance may be made by any member of the UPMC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and others.

X. APPEALS AND DISPUTE RESOLUTION

Patients may seek a review from UPMC in the event of a dispute over the application of this financial assistance policy. Patients denied financial assistance may also appeal their eligibility determination.

Disputes and appeals may be filed by contacting the Director of UPMC Revenue Cycle, Patient Advocacy. The basis for the dispute or appeal should be in writing and submitted within 30 days of the patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

Disputes or appeals should be submitted to the following office:

Director, UPMC Revenue Cycle, Patient Advocacy
Quantum 1 Building
2 Hot Metal Street
Pittsburgh, PA 15203

XI. COLLECTIONS IN THE EVENT OF NON-PAYMENT

UPMC will not engage in Extraordinary Collection Actions, as defined by applicable federal laws. If the individual is already a Financial Assistance recipient and he/she is cooperating in good faith to pay his/her balance but nonetheless experiencing difficulty, UPMC will endeavor to offer an extended payment plan.

Legal action for unpaid bills cannot occur for 180 days after the first bill, and lawsuits are prohibited for patients under 400% FPL. Any monthly payment plans established by the hospital cannot exceed 5% of the patients' gross monthly income.

Refer to UPMC Billing and Collections Policy HS-RE0724-NY for the actions the hospital facility may take in the event of nonpayment. This policy may be obtained at no cost by contacting the Patient Financial Services Center at 1-833-298-7321.

XII. REGULATORY REQUIREMENTS

In implementing this Policy, UPMC management and facilities shall comply with all applicable federal, state, and local laws, rules, and regulations.

XIII. RECORD KEEPING

UPMC will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

XIV. POLICIES REFERENCED WITHIN THIS POLICY

HS-RE0724-NY Patient Billing and Collections (New York)

SIGNED: Jeffrey Porter
Vice President, Revenue Cycle

ORIGINAL: September 27, 2025

APPROVALS:

Policy Review Subcommittee: October 9, 2025 (effective September 27, 2025)
Executive Staff:

PRECEDE:

SPONSOR: Associate Director, Revenue Cycle

Attachments

*** With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**

FACILITY LIST

UPMC Chautauqua WCA

PROVIDER LIST

UPMC Chautauqua at WCA - Physician Groups	
Great Lakes Physician Practice PC	

Non-Covered Providers

UPMC Chautauqua

Adam Ross Hecht MD
Adnan Munir MD
Alan Goodale Pratt MD
Amir N Salem MD
Andrea Toufexis Esch DO
Anshu Bais MD
Arthur Joshua Schneider MD
Barbara Ann Mincarelli MD
Beau Froebel MD
Benjamin Boe Luong MD
Brandon Patrick Adrian DPM
Brian Gordon Cromwell MD
Charbel Georges Moussallem MD
Christine Anne Lamoureux MD
Christopher Eckel MD
Dana R Jackson MD
Danko V Vidovich MD
David S Dinhofer MD
David W Arnold DO
David William Todd DMD, MD
Dean J Babich MD
Desiree Lerro DO
Donald Thomas Nicell MD
Douglas R Sillart MD
Eric D Arnone MD
Eugene Taeho Kim MD
Frederick James Anderson Jr DO
Glenn T Leonard Jr MD
Gordon Edgar Wuebbolt MD
Gregg Peter Sydow MD
Gregory Paul Fairchok MD
Israr Ahmad Abbasi MD
Jaime Colon MD
Jairus Tesorero Ibabao MD
James Howard Sloves MD
James Michael Tildesley Foster MD
Jane Birgitta Gauriloff-Rothenberg MD
Jane Marie Testa MD
Jeffrey D Menoff DDS
Jeffrey Joseph Jaindl DO
Jennifer Ann Wilson Knutsen MD

Jennifer Mae Pitts MD
Jerzy Przygodzki MD
Jill Wruble DO
Joanna Arcuni Carlson MD
Joel Eleazar Gomez MD
John Edwin Schrecengost MD
John Henry Susz DPM
Jon Michael Lewis MD
Joseph Daniel Orie MD
Joseph Post Williams III MD
Joshua Dennis Morais MD
Katelyn Edel MD
Kay Denise Spong Lozano MD
Kedar Kulkarni MD
Lawrence Germain Lareau MD
Leroy J Korb Jr MD
Lori Ann Lee DO
Lynn Marie Dunham MD
Mahyar Ghanaat MD
Mandeep Kaur Brar MD, MBA
Maria Isabel Diaz MD
Mark Alan Geist MD
Mary Kathleen K Agarwala MD
Mary Margaret Alfidi MD
Maryellyn Gilfeather MD
Michael Andrews MD
Michael Dana Mitchell MD
Michael Gregory Fazio DO
Michael Kevin Novick MD
Michael Loren Hynes MD
Michael Wellington Faulk MD
Monir Ahmad Chaudhry MD
Muhammad Ali Sarwar MD
Myriam Nimr Shafik Beniamin MD
Nancy A Allen MD
Neda Norman Yagan MD
Patricia Owensby Macfarlane MD
Peter Jassal MD
Rebecca E Pratt MD
Robert L Daniels MD
Robert Norman Walker MD
Ryan Gerry White MD
Sandra Talley Willis Curry MD
Sanjiv Kumar Sheel MD
Sara Banerjee MD
Scott Robert Kerns MD

Sergey Shkurovich MD
Shahnawaz Meer MD
Shahram Nafisi MD
Shrikant C Bodani MD
Shwan Kim MD
Steven Ward Davis MD
Surjeet Singh Pohar MD
Susanne Sugeen Kim MD
Tamara Ann Trella MD
Tariq Mahmood Khan MD
Tasneem Naushad Khimji MD
Thomas P Long MD

Timothy Paul Braatz MD
Umamaheswara R Vejendla MD
Uzma Alam MD
Vijaya Kumar Agarwala MD
Virginia Bianka Campion MD
William Alfred Geary MD, PhD
William Michael Whetsell MD
Winston William Thomas MD