



Revised: February 2016

TITLE: CHARITY CARE POLICY

POLICY:

New York State Public Health Law (Section 2807-k-9-a) and the Internal Revenue Code (Section 501(r)) require hospitals to provide free or reduced price services for emergency or other medically necessary care to patients who are determined to be unable to pay for their care in whole or in part, based on their financial status.

New York Community Hospital (NYCH) recognizes its responsibility to provide charity care (hereafter Charity Care) for those who may be uninsured or underinsured, and have received emergency or other medically necessary services at Hospital. Hospital is committed to the comprehensive assessment of individual patient need and to providing Charity Care when warranted, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliation.

APPLICABILITY:

1. This Policy applies to emergency or other medically necessary inpatient and/or outpatient services rendered to an individual who qualifies for assistance under this policy by Hospital and its employees. (See exhibit D attached for facilities currently covered).
2. This Policy applies to emergency services rendered to residents of New York State (including EMTALA transfers) and non-emergency, medically necessary services provided to any qualified resident of the Hospital's primary service area. (See exhibit A attached). Medical services are defined as those services covered under the New York State Medicaid program.
3. In addition to covering the uninsured who may qualify, this policy covers those individuals who qualify and face extraordinary medical costs, including copayments, deductibles, or coinsurance, and/or who have exhausted their health insurance benefits (including, but not limited to, health savings accounts).

4. This Policy does not apply to any services provided by any other provider, e.g., physicians or other service providers (who bill independently for their services). Patients should expect to receive separate bills from physicians and other service providers; those bills from such physicians and other service providers are not subject to this Policy.
5. Charity Care will be considered upon submission of a completed application form accompanied by required documentation. In certain limited circumstances specified herein, Charity Care may be provided to patients based on presumptive calculated income scores from credit or specialty reporting agencies.
6. Charity Care will be provided after patient has been screened for eligibility for Medicaid or other insurance programs, when reasonable or appropriate.
7. Exceptions to this Policy can be made by approval of a designated Hospital official. Disputes concerning medical necessity will be settled by the Hospital Utilization Review Department in accordance with applicable Hospital policies and procedures.

PROCEDURE:

A. Application: timing/location/documentation

1. Written materials, including the application, full Policy, and plain language summary (Summary), shall be available to patients in the Hospital's primary languages, upon request and without charge, from Admitting and Emergency Departments at the Hospital during the intake and registration process, at discharge and/or by mail. Additionally, those materials shall be available on the Hospital's website (www.nych.com). Also, notification to patients regarding this Policy shall be made through conspicuous posting of language appropriate information in Emergency Rooms and Admitting Departments of the Hospital, and inclusion of information on bills and statements sent to patients explaining that financial aid may be available to qualified patients and how to obtain further information.
2. Application materials shall make clear, through a notice to patients, that if they submit a completed application inclusive of information or documentation necessary to determine eligibility under this Policy, that patient may not pay any Hospital bills until Hospital has decided on the application.
3. Patients may apply for assistance by requesting an application form and submitting a complete application at any time during the billing and collection process. Determinations regarding such applications shall be made in writing to the applicant as soon as practicable after the completed application has been submitted, but in any case within thirty (30) days of receipt of such application by Hospital. If additional information from applicant is necessary to determine eligibility, Hospital shall request same within that thirty (30) day period. Written instructions describing how to appeal a denial or other adverse determination and contact information for the New York State Department of Health shall be included with an adverse determination or denial regarding an application.
4. Applicants must provide information/documentation in support of their applications including but not limited to documentation for information entered on their application

forms. Examples of documentation might include, among other things pay stub, letter from employer, if applicable, and Internal Revenue Service form 1040 to substantiate income.

5. Applicants may be asked for net assets (e.g., value of personal and real property, insurance policies, bank accounts, other investment accounts).
6. Hospital may make inquiries to and obtain reports from third parties such as credit agencies, on certain patients to determine whether they may be presumptively eligible (presumptive eligibility) for Charity Care under the following limited conditions:
 - a. The patient has been discharged from the hospital,
 - b. The patient lacks insurance coverage or the coverage has been exhausted,
 - c. A balance in excess of \$300.00 remains outstanding on the patient's account,
 - d. The patient has received at least one bill and the time period for paying that bill has expired, and
 - e. The patient has not applied or completed an application for Charity Care,
 - f. The patient has been notified by a statement in a bill that the Hospital may obtain a credit report before one is obtained,
 - g. Credit reports shall not be used to deny applications for Charity Care.

Hospital will not report patient's account status to such third parties.

7. Hospital clinic patients will be evaluated upon initial registration. Applications for Hospital clinic patients will be completed and determinations made as part of the registration process unless additional information is needed.
8. Hospital will not defer or deny (or require payment before providing) emergency or other medically necessary care because of an eligible individual's nonpayment of one or more prior bills for services covered under this Policy.

B. Appeals Process

1. If a patient is dissatisfied with the decision regarding his or her application for Charity Care he or she may appeal that decision by submitting his or her reasons and any supporting documentation to the Director of Patient Accounts (Director), or his or her designee, within twenty (20) days of the decision.
2. The Director shall have fifteen (15) business days to review the appeal and respond to the patient in writing.
3. If the patient remains dissatisfied with the Director's decision, the patient may appeal the Director's decision in writing, including reasons therefor, and any supporting documentation to the Vice President of Patient Financial Services (Vice President) or other Hospital designee.
4. The Vice President shall reach a decision in writing within fifteen (15) days of receipt of the appeal. The Vice President's decision shall be final.
5. No collection activity shall be pursued during the pendency of any appeal.

C. Payment Process

1. Subject to the requirements of this Policy, Hospital will provide free or reduced price care to uninsured applicants or applicants, both individuals and families, who have exhausted their health insurance benefits for a particular service including, but not limited to health savings accounts, with incomes below 400% of the federal poverty level as listed in the Federal Poverty Guidelines for Non-Farm Income which are published annually (income guidelines in effect at the time of receipt of the completed application, and not at the time of service, will be used in determining eligibility) in accordance with the appropriate sliding fee scale for the current year: "Sliding Fee Scale - Inpatient/Outpatient", (attached hereto as Exhibits C-1)
 - a. On a case by case basis, net assets may be taken into account if patient has significant assets, excluding Excluded Assets (see footnote 1 above)
 - b. When considering assets for patients with an annual income at or below 150% of the federal poverty level, assets other than Excluded Assets will only be considered if they exceed the asset levels specified annually by the State Department of Health for the current year asset levels. See Exhibit B (attached hereto) for current year asset levels.
2. Hospital will limit its charges to individuals eligible for its Charity Care program to amounts generally billed (AGB) for emergency or other medically necessary care to individuals who have insurance. Hospital calculates the AGB using the prospective method and bases that rate on current New York State fee-for-service Medicaid rates, promulgated by the New York State Department of Health. Following a determination of Charity Care eligibility, an eligible individual may not be charged more than amounts generally billed (AGB) for emergency or medically necessary care. To determine amounts charged to individuals eligible for Charity Care, Hospital will apply a sliding scale discounting methodology to the AGB in accordance with Exhibit C-1, based upon such individual's family size and income. Hypothetically, as an example only, a patient who has been determined to be eligible for Charity Care, and who has a family size of 3 and an income of \$35,000, would be charged 55% of the prevailing Medicaid rate (AGB) applicable to such patient's hospitalization, as calculated pursuant to Exhibit C-1.
3. **Installment Plans.** If a patient cannot pay the balance on an account, Hospital will attempt to negotiate an installment payment plan with the patient. When negotiating an installment payment plan with the patient, Hospital may take into account the balance due and will consider the patient's ability to pay.
 - a. Installment plans shall permit payment of the balance due within six (6) months.
 - b. The payment period may be extended beyond six (6) months if, in the discretion of Hospital, patient's financial circumstances justify an extension.
 - c. The monthly payment shall not exceed ten percent (10%) of the patient's gross monthly income; provided when patient's assets are considered under Applicability, Procedure, C.1. above, patient assets which are not Excluded Assets may be considered in addition to the limit on monthly payments.
 - d. If patient fails to make two payments when due and further fails to pay within thirty (30) days thereafter then the entire balance shall be due.

- e. If interest is charged to the patient, the rate of interest on any unpaid balance shall not exceed the rate for a ninety-day security issued by the US Department of Treasury plus one half of one percent (.5%). No installment plan shall include an acceleration or similar clause triggering a higher rate of interest on a missed payment.
4. **Deposits.** A patient seeking medically necessary care who applies for Charity Care shall not be required to make a deposit. Any deposit which may have been made by patient prior to the time he or she applies for Charity Care shall be included as part of any Charity Care consideration. If such patient is determined to be eligible for free care, the entire deposit shall be refunded. If patient is determined to be eligible for a discount, any balance of the deposit above what patient is determined to owe to the Hospital shall be refunded.
5. Hospital will maintain an accounting of the dollar amount charged as Charity Care in the Hospital's financial accounting systems, in accordance with applicable New York State law.
6. A mechanism to measure Hospital's compliance with this policy shall be developed and implemented.

D. Education/Public Awareness

1. Hospital Staff will be educated about the availability of Charity Care and how to direct patients to obtain further information about the application process. In particular, Hospital will provide training regarding this Policy to all Hospital staff who interact with patients or have responsibility for billing and collection.
2. Notification to patients regarding this Policy shall be made consistent with Procedure A. 1.
3. The Summary, including specific information as to income levels used to determine eligibility for assistance, a description of the primary service area of Hospital and how to apply for assistance, as well as the Policy and application form made available to patients shall be posted on the Hospital's website (www.nych.com).
4. Hospital will communicate the availability of Charity Care to the public in general, and local community health and human service agencies and other local organizations that help people in need. Measures taken to inform local not-for-profits and public agencies include:
 - a. Making the Policy, Summary and application forms available to local leaders at community advisory boards and leadership councils, selected schools and faith-based organizations in the vicinity of each Hospital campus;
 - b. Meeting with local community boards, faith-based organizations, human service organizations, and elected officials and their staff to educate them about the Policy;
 - c. Provide copies of the Policies, Summary and application form at street fairs and other community events sponsored by Hospital within its service area.

E. Collection Practices and Procedures

1. Hospital has implemented collection practices and procedures in order to promote patient access to quality health care while minimizing bad debt at New York Community Hospital. These practices and procedures are designed to promote debt collection activities undertaken by collection agencies and attorneys on behalf of Hospital consistent with the core missions, values, and principles of Hospital including but not limited to Hospital's Charity Care Policies.
2. Hospital's collection practices and procedures are outlined in a separate Collection Policy consistent with the requirements of New York State Public Health Law (Section 2807-k-9-a) and Internal Revenue Service regulations (Section 501(r) of the Internal Revenue Service Code. The Collection Policy is available at Hospital's Admitting Offices or on Hospital's website at www.nych.com, under the Charity Care button, in English and other languages.

RESPONSIBILITY: Patient Financial Services

EXHIBIT A

Primary Service Area

For New York Community Hospital of Brooklyn, the primary service area consists of the New York State.

EXHIBIT B

Calendar Year 2016

Household Size	Asset Levels
One	\$9,700
Two	\$14,300
Three	\$16,445
Four	\$18,590
Five	\$20,735
Six	\$22,880
Seven	\$25,025
Eight	\$27,170
Nine	\$29,315
Ten	\$31,460
Each Additional Person	\$2,145

EXHIBIT C-1: SLIDING FEE SCALE - INPATIENT/OUTPATIENT
BASED UPON HHS POVERTY GUIDELINES FOR NON-FARM INCOME - UP TO 400%

PATIENT PAYS	Pediatric ED: \$0 Adult ED: \$15		10% of applicable rate		20% of applicable rate		55% of applicable rate		90% of applicable rate		100% of applicable rate		NO DISCOUNT*
	Inpatient/Amb. Surg./MRI: \$150 All other non-clinic: 5% of rate		101% - 125%		126% - 150%		151% - 200%		201% - 250%		251% - 400%		> 400%
FED POV GUIDELINE %	100%		101% - 125%		126% - 150%		151% - 200%		201% - 250%		251% - 400%		> 400%
FAMILY SIZE	< THAN OR =		> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN
1	\$11,880	\$11,880	\$14,850	\$14,850	\$17,820	\$17,820	\$23,760	\$23,760	\$29,700	\$29,700	\$47,520	\$47,520	\$47,520
2	16,020	16,020	20,025	20,025	24,030	24,030	32,040	32,040	40,050	40,050	64,080	64,080	64,080
3	20,160	20,160	25,200	25,200	30,240	30,240	40,320	40,320	50,400	50,400	80,640	80,640	80,640
4	24,300	24,300	30,375	30,375	36,450	36,450	48,600	48,600	60,750	60,750	97,200	97,200	97,200
5	28,440	28,440	35,550	35,550	42,660	42,660	56,880	56,880	71,100	71,100	113,760	113,760	113,760
6	32,580	32,580	40,725	40,725	48,870	48,870	65,160	65,160	81,450	81,450	130,320	130,320	130,320
7	36,730	36,730	45,913	45,913	55,095	55,095	73,460	73,460	91,825	91,825	146,920	146,920	146,920
8	40,890	40,890	51,113	51,113	61,335	61,335	81,780	81,780	102,225	102,225	163,560	163,560	163,560
For ea. addtl. person add:	4,160												

Source: Federal Register/Vol. 81, No. 15/Monday, January 25, 2016/Notices

*NON-CLINIC OUTPATIENT VISITS AND DENTAL CLINIC VISITS: REDUCTIONS ARE CALCULATED AT A DISCOUNT OFF OF MEDICAID FEE-FOR-SERVICE RATES

*INPATIENT STAYS: REDUCTIONS ARE CALCULATED OFF OF THE LOWER OF CHARGES OR MEDICAID DRG

CHARITY CARE