



# Maimonides Health

Maimonides Midwood  
Community Hospital

2525 Kings Highway Brooklyn NY 11229

## **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.
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. 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). Underinsured patients earning up to 400% FPL are eligible to apply for financial assistance. Underinsured is defined as patients whose paid medical expenses have exceeded 10% of their income in the last 12 months.
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



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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. Patients will be notified of financial assistance in writing at the intake and registration process and at discharge.

6. Patients earning up to 400% FPL are eligible for financial assistance. Patients who have health insurance, but have spent more than 10% of their income on Out-of-pocket medical expenses, are also eligible for financial assistance.

7. 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.

8. Charity Care will be provided after patient has been screened for eligibility for Medicaid or other insurance programs, when reasonable or appropriate.

9. 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](http://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



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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.

5. 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.

6. 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



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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 Chief Administrative Officer (CAO) or other Hospital designee.
4. The CAO shall reach a decision in writing within fifteen (15) days of receipt of the appeal.
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 up to 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. Discount schedule is based on the percentage of the NYS Medicaid rate.
2. 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. 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. Monthly payment plans will not exceed 5% of the patient's income.



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3. 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.

4. 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.

5. 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](http://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.



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Provide copies of the Policies, Summary and application form at street fairs and other community events sponsored by Hospital within its service area.

5. Hospital will report to the NYS Department of Health the number of people that have applied for financial assistance annually, including their age, gender, race, ethnicity, and insurance status.

## **E. Collection Practices and Procedures**

1. Patients will not be required to pay a hospital bill while their application for financial assistance is being considered.

2. 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.

3. 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](http://www.nych.com), under the Charity Care button, in English and other languages.