

TITLE: CHARITY CARE POLICY

POLICY AND PURPOSE:

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.

NewYork-Presbyterian Hospital (hereafter Hospital) 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 C 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. To find information about Hospital physicians and other service providers, including Hospital's Ambulatory Care Network (ACN) clinical providers (hereafter providers) and the Hospital's Charity Care Policy, go to www.nyp.org. To obtain a paper copy of the provider list, go to www.nyp.org, call (866-252-0101), or inquire directly with that provider. Patients should expect to receive separate bills from those providers who are not covered by this Policy and bill independently for their services. Hospital's ACN providers are covered by the Hospital's Charity Care Policy.

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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.nyp.org). 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. Assets may not be taken into account.
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, or other Hospital designee (Director), 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 or other Hospital designee (Vice President).
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", "Behavioral Health Outpatient Clinic Sliding Fee Scale", and "Clinic Sliding Scale Fees" (attached hereto as Exhibits B-1, B-2, and B-3).
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 Exhibits B-1, B-2, and B-3, 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 B-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.
 - 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.nyp.org).
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 NewYork-Presbyterian 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.nyp.org, under the Charity Care button, in English and other languages.

RESPONSIBILITY: Patient Financial Services

POLICY DATES:

New: April, 2004

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Revised: 2005

Reviewed and Revised: 2006, 2007, 2010, **June, 2014**

Exhibits Revised: February 21, 2008; March, 2010; April, 2011; March, 2012;
June, 2012; June, 2014; June, 2016; February 2017

Revised: October 20, 2015, May 2016, December 2017

Approvals: Board of Trustees

EXHIBIT A

Primary Service Area

For New York-Presbyterian/Columbia (including NYP/Morgan Stanley Children's), New York-Presbyterian/Weill Cornell, New York-Presbyterian/Allen and New York-Presbyterian/Lower Manhattan, the primary service area consists of the five boroughs (counties) of New York City.

For the New York-Presbyterian/Westchester, the primary service area consists of the following counties: Westchester, Bronx, Orange, Putnam and Rockland.

Date: June, 2014

Charity Care Exhibit A rev 2014

EXHIBIT B-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 Inpatient/Amb. Surg./MRI: \$150 All other non-clinic: 5% of rate											
	FED POV GUIDELINE %	10% of applicable rate		20% of applicable rate		55% of applicable rate		90% of applicable rate		100% of applicable rate		NO DISCOUNT*
FAMILY SIZE	100%	101% - 125%		126% - 150%		151% - 200%		201% - 250%		251% - 400%		> 400%
	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN
1	\$12,490	\$12,490	\$15,613	\$15,613	\$18,735	\$18,735	\$24,980	\$24,980	\$31,225	\$31,225	\$49,960	\$49,960
2	16,910	16,910	21,138	21,138	25,365	25,365	33,820	33,820	42,275	42,275	67,640	67,640
3	21,330	21,330	26,663	26,663	31,995	31,995	42,660	42,660	53,325	53,325	85,320	85,320
4	25,750	25,750	32,188	32,188	38,625	38,625	51,500	51,500	64,375	64,375	103,000	103,000
5	30,170	30,170	37,713	37,713	45,255	45,255	60,340	60,340	75,425	75,425	120,680	120,680
6	34,590	34,590	43,238	43,238	51,885	51,885	69,180	69,180	86,475	86,475	138,360	138,360
7	39,010	39,010	48,763	48,763	58,515	58,515	78,020	78,020	97,525	97,525	156,040	156,040
8	43,430	43,430	54,288	54,288	65,145	65,145	86,860	86,860	108,575	108,575	173,720	173,720
For ea. addtl. person add:	4,420											17,680

Effective: January, 2019

***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

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**EXHIBIT B-2: BEHAVIORAL HEALTH OUTPATIENT CLINIC SLIDING FEE SCALE
BASED UPON HHS POVERTY GUIDELINES FOR NON-FARM INCOME - UP TO 400%**

Category	A	B		C		D		E		F		G		H		I		J	
Visit Fee	Ped Cl: 0 Adult Cl: \$10	\$13		\$20		\$27		\$35		\$50		\$75		\$100		\$120		\$135	
Fed Poverty Guideline %	100%	101%	125%	125%	150%	150%	200%	200%	250%	250%	300%	300%	325%	325%	350%	350%	375%	375%	400%
Family Size / Income	< or =	> than	< than or =	> than	< than or =	> than	< than or =	> than	< than or =	> than	< than or =	> than	< than or =	> than	< than or =	> than	< than or =	> than	< than or =
1	\$12,490	\$12,490	\$15,613	\$15,613	\$18,735	\$18,735	\$24,980	\$24,980	\$31,225	\$31,225	\$37,470	\$37,470	\$40,593	\$40,593	\$43,715	\$43,715	\$46,838	\$46,838	\$49,960
2	16,910	16,910	21,138	21,138	25,365	25,365	33,820	33,820	42,275	42,275	50,730	50,730	54,958	54,958	59,185	59,185	63,413	63,413	67,640
3	21,330	21,330	26,663	26,663	31,995	31,995	42,660	42,660	53,325	53,325	63,990	63,990	69,323	69,323	74,655	74,655	79,988	79,988	85,320
4	25,750	25,750	32,188	32,188	38,625	38,625	51,500	51,500	64,375	64,375	77,250	77,250	83,688	83,688	90,125	90,125	96,563	96,563	103,000
5	30,170	30,170	37,713	37,713	45,255	45,255	60,340	60,340	75,425	75,425	90,510	90,510	98,053	98,053	105,595	105,595	113,138	113,138	120,680
6	34,590	34,590	43,238	43,238	51,885	51,885	69,180	69,180	86,475	86,475	103,770	103,770	112,418	112,418	121,065	121,065	129,713	129,713	138,360
7	39,010	39,010	48,763	48,763	58,515	58,515	78,020	78,020	97,525	97,525	117,030	117,030	126,783	126,783	136,535	136,535	146,288	146,288	156,040
8	43,430	43,430	54,288	54,288	65,145	65,145	86,860	86,860	108,575	108,575	130,290	130,290	141,148	141,148	152,005	152,005	162,863	162,863	173,720
Each add'l person add	4,420																		17,680

Effective: January, 2019

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EXHIBIT B-3: CLINIC SLIDING SCALE FEES
BASED UPON HHS POVERTY GUIDELINES FOR NON-FARM INCOME - UP TO 400%

CATEGORY	A		B		C		D		E		F		W
VISIT FEE	Ped/Prenatal clinic: 0 Adult clinic: \$10		\$13		\$27		\$74		\$120		\$135		NO DISCT
FED. POV. GUIDLINE %	100%		101%-125%		126%-150%		151% - 200%		201%-250%		251% - 400%		> 400%
Family Size \ Income	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	> THAN
1	\$12,490	\$12,490	\$15,613	\$15,613	\$18,735	\$18,735	\$24,980	\$24,980	\$31,225	\$31,225	\$49,960	\$49,960	\$49,960
2	16,910	16,910	21,138	21,138	25,365	25,365	33,820	33,820	42,275	42,275	67,640	67,640	67,640
3	21,330	21,330	26,663	26,663	31,995	31,995	42,660	42,660	53,325	53,325	85,320	85,320	85,320
4	25,750	25,750	32,188	32,188	38,625	38,625	51,500	51,500	64,375	64,375	103,000	103,000	103,000
5	30,170	30,170	37,713	37,713	45,255	45,255	60,340	60,340	75,425	75,425	120,680	120,680	120,680
6	34,590	34,590	43,238	43,238	51,885	51,885	69,180	69,180	86,475	86,475	138,360	138,360	138,360
7	39,010	39,010	48,763	48,763	58,515	58,515	78,020	78,020	97,525	97,525	156,040	156,040	156,040
8	43,430	43,430	54,288	54,288	65,145	65,145	86,860	86,860	108,575	108,575	173,720	173,720	173,720
For ea. addtl. person add:	4,420												17,680

Effectvie: January, 2019

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EXHIBIT C

New York-Presbyterian Hospital/Columbia University Medical Center

New York-Presbyterian Hospital/Weill Cornell Medical Center

New York-Presbyterian Hospital/Morgan Stanley Children's Hospital

New York-Presbyterian Hospital/The Allen Hospital

New York-Presbyterian Hospital/Lower Manhattan Hospital

New York-Presbyterian Hospital/Westchester Division