

TITLE: FINANCIAL AID 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 Brooklyn Methodist Hospital (hereafter Hospital) recognizes its responsibility to provide Financial Aid (hereafter Financial Aid) 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 Financial Aid when warranted, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliation.

If an individual is determined by Hospital to be eligible for Financial Aid, Hospital shall not engage in any ECAs, including civil actions against such individual.

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 and the Hospital's Financial Aid Policy, go to www.nyp.org/brooklyn. To obtain a paper copy of the provider list, go to www.nyp.org/brooklyn or 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. Note that providers who are part of NewYork-Presbyterian Medical Group Brooklyn follow that Medical Group's own Financial Aid Policy, which is different than the Hospital's Financial Aid Policy and can be

obtained by calling (718) 670-1985.

5. Financial Aid will be considered upon submission of a completed application form accompanied by required documentation. In certain limited circumstances specified herein, Financial Aid may be provided to patients based on presumptive calculated income scores from credit or specialty reporting agencies.
6. Financial Aid 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/brooklyn). 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

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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 Financial Aid 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 Financial Aid,
 - 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 Financial Aid.

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 Financial Aid 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 600% 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" and "Clinic Sliding Scale Fees" (attached hereto as Exhibits B-1, and B-3).
2. Hospital will limit its charges to individuals eligible for its Financial Aid 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 Financial Aid 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 Financial Aid, Hospital will apply a sliding scale discounting methodology to the AGB in accordance with Exhibits B-1 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 Financial Aid, and who has a family size of 3 and an income of \$35,000, would be charged 10% 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 Financial Aid 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 Financial Aid shall be included as part of any Financial Aid 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 Financial Aid 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 Financial Aid 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/brooklyn).

4. Hospital will communicate the availability of Financial Aid 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 Brooklyn Methodist 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 Financial Aid Policy.
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 <http://www.nyp.org/brooklyn> under the Financial Aid button, in English and other languages.

RESPONSIBILITY: Patient Financial Services

POLICY DATES:

Revised: February 2018, **May 2020**

Approvals: NYP Community Programs, Inc.

EXHIBIT A

Primary Service Area

For NewYork-Presbyterian Brooklyn Methodist Hospital, the primary service area consists of five boroughs (counties) of New York City.

EXHIBIT B-1: SLIDING FEE SCALE - INPATIENT/OUTPATIENT
BASED UPON HHS POVERTY GUIDELINES FOR NON-FARM INCOME - UP TO 600%

PATIENT PAYS	Pediatric ED: \$0 Adult ED: \$15 Inpatient/Amb. Surg./MRI: \$150 All other non-clinic: 5% of rate		10% of Medicaid rate		20% of Medicaid rate		55% of Medicaid rate		90% of Medicaid rate		100% of Medicaid rate		NO DISCOUNT - HOSPITAL CHARGES	
	FED POV GUIDELINE %	100%	101% - 200%		201% - 300%		301% - 400%		401% - 500%		501% - 600%			> 600%
FAMILY SIZE	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN
1	\$12,760	\$12,760	\$25,520	\$25,520	\$38,280	\$38,280	\$51,040	\$51,040	\$63,800	\$63,800	\$76,560	\$76,560	\$76,560	
2	17,240	17,240	34,480	34,480	51,720	51,720	68,960	68,960	86,200	86,200	\$103,440	\$103,440	\$103,440	
3	21,720	21,720	43,440	43,440	65,160	65,160	86,880	86,880	108,600	108,600	\$130,320	\$130,320	\$130,320	
4	26,200	26,200	52,400	52,400	78,600	78,600	104,800	104,800	131,000	131,000	\$157,200	\$157,200	\$157,200	
5	30,680	30,680	61,360	61,360	92,040	92,040	122,720	122,720	153,400	153,400	\$184,080	\$184,080	\$184,080	
6	35,160	35,160	70,320	70,320	105,480	105,480	140,640	140,640	175,800	175,800	\$210,960	\$210,960	\$210,960	
7	39,640	39,640	79,280	79,280	118,920	118,920	158,560	158,560	198,200	198,200	\$237,840	\$237,840	\$237,840	
8	44,120	44,120	88,240	88,240	132,360	132,360	176,480	176,480	220,600	220,600	\$264,720	\$264,720	\$264,720	
For ea. addtl. person add:	4,480												\$26,880	

Source: Federal Register notice for the 2020 Poverty Guidelines, published January 17, 2020

***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**

EXHIBIT B-3: CLINIC SLIDING SCALE FEES
BASED UPON HHS POVERTY GUIDELINES FOR NON-FARM INCOME - UP TO 600%

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%-200%		201%-300%		301% - 400%		401%-500%		501% - 600%		> 600%
Family Size Income	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	< THAN OR =	> THAN	> THAN
1	\$12,760	\$12,760	\$25,520	\$25,520	\$38,280	\$38,280	\$51,040	\$51,040	\$63,800	\$63,800	\$76,560	\$76,560	\$76,560
2	17,240	17,240	34,480	34,480	51,720	51,720	68,960	68,960	86,200	86,200	103,440	103,440	103,440
3	21,720	21,720	43,440	43,440	65,160	65,160	86,880	86,880	108,600	108,600	130,320	130,320	130,320
4	26,200	26,200	52,400	52,400	78,600	78,600	104,800	104,800	131,000	131,000	157,200	157,200	157,200
5	30,680	30,680	61,360	61,360	92,040	92,040	122,720	122,720	153,400	153,400	184,080	184,080	184,080
6	35,160	35,160	70,320	70,320	105,480	105,480	140,640	140,640	175,800	175,800	210,960	210,960	210,960
7	39,640	39,640	79,280	79,280	118,920	118,920	158,560	158,560	198,200	198,200	237,840	237,840	237,840
8	44,120	44,120	88,240	88,240	132,360	132,360	176,480	176,480	220,600	220,600	264,720	264,720	264,720
For ea. addtl. person add:	4,480												26,880

Source: Federal Register NOTICE FOR THE 2020 Poverty Guidelines, published 1/17/20

Exhibit C

NewYork-Presbyterian Brooklyn Methodist Hospital