



TITLE: CHARITY CARE POLICY

POLICY:

Internal Revenue Code (Section 501(r)) requires 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.

Gracie Square 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. Charity Care will be provided by the Hospital in accordance with the following procedures.

APPLICABILITY: (Check all that are appropriate)

Population: Adult

Care Setting: Inpatient Psychiatry

Staff:

Clinical Staff

Non-Clinical Staff

Other - specify:



CHARITY CARE POLICY, CONT'D

APPLICABILITY:

1. This Policy applies to all emergency or other medically necessary care rendered to an individual who qualifies for assistance under this Policy by Hospital and its employees.
2. This Policy applies to all emergency services rendered to residents of New York State; and non-emergency medically necessary services provided to qualified residents of the Hospital's primary service area, consisting of the five boroughs (counties) of New York City. Medically necessary services are defined as those services covered under the New York State Medicaid program.
3. All Physician Services provided by the Hospital are covered by this Charity Care Policy. Physician Services offered by Providers listed on Exhibit A are not covered by the policy; patients should expect to receive separate bills from those providers who bill independently for their services.
4. 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).
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 whether care is medically necessary will be settled by Hospital's Utilization Review Department 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 the Admitting Department 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.nygsh.org) and by calling (212) 434-5315. Also, notification to patients regarding this Policy shall be made through conspicuous posting of language-appropriate information in the Admitting Department 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. Assistance with the application process can be obtained at the location and phone number in Procedure A.1. 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 will be included with an adverse determination or denial regarding an application. (See section B below.)
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. Financial assistance eligibility applications may not take Assets 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 the patient has not applied or completed an application for Charity Care,
 - e. The patient has been notified by a statement in a bill that the Hospital may obtain a credit report before one is obtained,
 - f. 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 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 Associate Director of Patient Accounts within twenty (20) days of the decision.
2. The Associate 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 Associate Director's decision, the patient may appeal the Associate Director's decision in writing, including reasons therefor, and any supporting documentation to the Director of Patient Accounts.
4. The Director shall reach a decision in writing within fifteen (15) days of receipt of the appeal. The Director'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(attached hereto as Exhibit B).
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 (the "applicable rate"), 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 B, 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**.
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 the 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 (0.5%). 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. Hospital will maintain an accounting of the dollar amount charged as Charity Care in the Hospital's financial accounting systems.
 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 or their representatives 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.nyqsh.org).
4. The Summary will be offered to all patients either as part of the intake or discharge process. 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. 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 this Policy.
2. Hospital's collection practices and procedures are outlined in a separate Collection Policy consistent with the requirements of Internal Revenue Code (26 U.S.C. section 501(r)) and regulations. The Collection Policy is available at Hospital's Admitting Offices or on Hospital's website at www.nyqsh.org, in English and other languages.

EMERGENCY MEDICAL CARE:

Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance under this policy, to the extent it has the ability to provide such care. Hospital shall not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that Interfere with the provision, without discrimination, of emergency medical care.



RESPONSIBILITY: PATIENT ACCESS/FINANCIAL SERVICES

POLICY DATES:

Revised Exhibits: January 17, 2020

Revised: September 18, 2019

Approvals: Board of Trustees



EXHIBIT A

Non-Hospital Based Providers

- The New York Queens Medicine and Surgery, P.C., d/b/a New York - Presbyterian Medical Group / Queens.



EXHIBIT B

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

PATIENT PAYS	Inpatient	10% of applicable rate		20% of applicable rate		55% of applicable rate		90% of applicable rate		100% of applicable rate		NO DISCOUNT
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	\$12,760	\$12,760	\$15,950	\$15,950	\$19,140	\$19,140	\$25,520	\$25,520	\$31,900	\$31,900	\$51,040	\$51,040
2	17,240	17,240	21,550	21,550	25,860	25,860	34,480	34,480	43,100	43,100	\$68,960	\$68,960
3	21,720	21,720	27,150	27,150	32,580	32,580	43,440	43,440	54,300	54,300	\$86,880	\$86,880
4	26,200	26,200	32,750	32,750	39,300	39,300	52,400	52,400	65,500	65,500	\$104,800	\$104,800
5	30,680	30,680	38,350	38,350	46,020	46,020	61,360	61,360	76,700	76,700	\$122,720	\$122,720
6	35,160	35,160	43,950	43,950	52,740	52,740	70,320	70,320	87,900	87,900	\$140,640	\$140,640
7	39,640	39,640	49,550	49,550	59,460	59,460	79,280	79,280	99,100	99,100	\$158,560	\$158,560
8	44,120	44,120	55,150	55,150	66,180	66,180	88,240	88,240	110,300	110,300	\$176,480	\$176,480
For ea. addtl. person add:	4,480											\$17,920

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