



## **NYU Hospitals Center**

*Issuing Department: Administration*

*Charity Care and Financial Assistance*

*Effective Date: 06/06*

*Reissue Date: 02/17*

*Reviewed Date: 02/17*

*Page 1 of 6*

## **I. POLICY**

NYU Hospitals Center (the "Hospital") strives to provide medically necessary care to patients of the Hospital's inpatient and outpatient facilities regardless of their ability to pay. The Hospital operates a financial assistance program (the "Assistance Program") available to individuals who demonstrate an inability to pay for the cost of the medically necessary services.

## **II. FINANCIAL ASSISTANCE**

### **A. Eligibility**

New York State residents and non-residents who receive medically necessary services at the Hospital for which they are unable to pay are eligible for financial assistance if they meet certain financial criteria (as described below) or have been approved for financial assistance by Hospital leadership.

Patients who believe they qualify for financial assistance have ninety (90) days from the date of service or discharge to apply for assistance. Applications are available on the NYU Langone Medical Center website (see <http://nyulangone.org/insurance-billing>, go to "Patient Financial Counselors and Financial Assistance for Hospital Bills" and click on "financial assistance application") or by visiting a Financial Counselor at the Hospital's main campus (560 First Avenue, Rm SK, tel: 866-486-9847) or Brooklyn campus (150 55<sup>th</sup> Street, Suite 2-40, tel: 718-630-6525) between the hours of 8 am to 5 pm.

### **B. What Services Are Covered By This Policy?**

This Policy covers only medically necessary services provided at the Hospital's facilities, and includes inpatient care, emergency treatment and ancillary care (e.g., laboratory services). This Policy (and the Assistance Program) is not available for patients receiving non-medically necessary services. Non-medically necessary services include (but are not limited to) cosmetic procedures; elective procedures for patients enrolled in commercial insurance plans which do not contract with the Hospital; ambulance charges; discretionary charges (e.g., telephones, televisions, private room differential charges); professional fees for services provided by physicians in their private offices; radiology services; and anesthesiology services.



**NYU Hospitals Center**

*Issuing Department: Administration*

*Effective Date: 06/06*

*Reissue Date: 02/17*

*Reviewed Date: 02/17*

*Charity Care and Financial Assistance*

*Page 2 of 6*

**C. Criteria for Determining Eligibility for Financial Assistance**

**1. Criteria for Eligibility.** Determination of eligibility for financial assistance is based on the following criteria:

- Patient's residence
- For non-New York residents, nature of the medical service (e.g., treatment in the Emergency Department, inpatient admission, elective procedure)
- Annual, pre-tax income (see section below); and
- Family size.

**2. Income Test.** The federal poverty level guidelines set forth the income levels at which financial assistance may be available. The guidelines are calculated by comparing family size with annual, pre-tax income and are periodically updated. The following chart is the 2016 Guidelines.

Income Based Federal Poverty Levels 2016							
	100% Discount (SC1)	100% Discount (SC1)	100% Discount (SC1)	100% Discount (SC1)	75% Discount (SC2)	50% Discount (SC3)	25% Discount (SC4)
<b>Family Size</b>	<b>(Weekly) 150% FPL</b>	<b>300% FPL</b>	<b>400% FPL</b>	<b>600% FPL</b>	<b>650% FPL</b>	<b>700% FPL</b>	<b>800% FPL</b>
1	\$343	\$685	\$914	\$1,371	\$1,485	\$1,599	\$1,828
2	\$462	\$924	\$1,232	\$1,848	\$2,003	\$2,157	\$2,465
3	\$582	\$1,163	\$1,551	\$2,326	\$2,520	\$2,714	\$3,102
4	\$701	\$1,402	\$1,869	\$2,804	\$3,038	\$3,271	\$3,738
5	\$820	\$1,641	\$2,188	\$3,282	\$3,555	\$3,828	\$4,375
6	\$940	\$1,880	\$2,506	\$3,759	\$4,073	\$4,386	\$5,012
7	\$1,060	\$2,119	\$2,825	\$4,238	\$4,591	\$4,944	\$5,651
8	\$1,180	\$2,359	\$3,145	\$4,718	\$5,111	\$5,504	\$6,291
Additional Person add:	\$117	\$234	\$312	\$468	\$508	\$547	\$625



**NYU Hospitals Center**

*Issuing Department: Administration*

*Effective Date: 06/06*

*Reissue Date: 02/17*

*Reviewed Date: 02/17*

*Charity Care and Financial Assistance*

*Page 3 of 6*

- Family Size is calculated, for adult patients, by adding the patient and, if applicable, the legal guardian with whom the patient resides. A pregnant woman is counted as two family members.
  
- Annual pre-tax income is determined by adding the income of the patient and the patient's spouse (provided the spouse resides with the patient), and includes amounts actually received. (In other words, if a patient's ex-spouse fails to pay child support or an insurance or pension payment is in dispute and has not been paid, such amount is not included in calculating income.) For minor patients, the family's annual pre-tax income includes the income of the parent(s) and/or legal guardian(s) with whom the minor resides. The sources of income include the following:
  1. Salary/wages before deductions;
  2. Public assistance;
  3. Social Security benefits;
  4. Unemployment and workmen's compensation;
  5. Veteran's benefits;
  6. Alimony and/or child support;
  7. Pension payments;
  8. Insurance or annuity payments.
  9. Dividends and other investment income;
  10. Rental income;
  11. Net business income; and
  12. Other (strike benefits, training stipends, military family allotments, income from estates and trusts).

**3. FICO.** The Hospital may utilize credit scoring software for purposes of establishing income and financial assistance eligibility. The scoring will not negatively impact the patient's FICO.

**4. Amounts Generally Billed ("AGB") and Maximum Payment Amount ("MPA").** Hospital charges will not exceed the AGB or the MPA (as defined by the Internal Revenue Service and the New York State Financial Aid Law ("FAL")). (In instances where the FAL limits are more stringent than the IRS limits, the FAL limits will prevail. The Hospital's AGB and MPA amounts have been set at 25% of charges, which



**NYU Hospitals Center**

*Issuing Department: Administration*

*Charity Care and Financial Assistance*

*Effective Date: 06/06*

*Reissue Date: 02/17*

*Reviewed Date: 02/17*

*Page 4 of 6*

is less than the prior twelve months' charge to payment ratio for Medicare fee-for-service claims. The Hospital provides 100% discounts for eligible patients up to 600% FPL.

**D. Review of Financial Assistance Applications; Determinations**

The Financial Counselors are responsible for reviewing with the patient/ patient's representative the available options and, where appropriate, assisting the patient in completing the financial assistance form and applications for Medicaid or other government-sponsored programs. The counselors will review the completed applications and notify patients of the determination within thirty days of submission of a completed application. If financial assistance is approved, the patient will be advised of the reduced charge and his/her responsibility. If an installment plan arrangement is approved, the patient will not be charged interest the monthly amount due will not exceed ten percent (10%) of the patient's gross monthly income. (Installment plans which provide for a payment arrangement of more than one year must be approved by the Senior Director of Revenue Cycle Operations.) Approval of eligibility for financial assistance is valid for twelve months from the first service date for which the patient submitted a financial assistance application.

**E. Appeals**

The Hospital has established a Charity Care Committee which is available to hear reviews of denial of a request for financial assistance. Requests for appeals must be made in writing (or in person, by appointment), addressed to the Charity Care Committee, c/o Senior Vice President & Vice Dean, Finance NYU Hospitals Center, 550 First Avenue, HCC-15, New York, New York 10016, within thirty (30) days of notification of the denial.

**F. Fair Billing and Collection Practices**

The Hospital reserves the right to turn over to collections the accounts of patients who have an unpaid balance and who do not apply for financial assistance. The Hospital will not refer to collections any accounts where a financial assistance application is pending; the patient is determined to be Medicaid-eligible at the time Hospital services were rendered; or pursuing legal action would interfere with the patient's ability to pay his/her monthly living expenses.

Collection agents engaged by the Hospital are required to comply with this Policy. Furthermore, if a legal action instituted by the collection agency (acting only on the Hospital's



**NYU Hospitals Center**

*Issuing Department: Administration*

*Charity Care and Financial Assistance*

*Effective Date: 06/06  
Reissue Date: 02/17  
Reviewed Date: 02/17*

*Page 5 of 6*

prior consent) is decided in favor of the Hospital, the Hospital will not seek to foreclose the patient's primary residence (although it may file a lien) or to freeze a patient's bank account or garnish his/her wages absent extraordinary circumstances.

**IV. ACCESS TO INFORMATION**

**A. Distribution of Information**

The Hospital will disseminate information regarding financial assistance in a variety of ways. The Hospital will post signs in the registration and intake areas; include information regarding this Policy in the Admission Package; and note on Hospital bills and statements the availability of financial assistance and how to obtain further information. Furthermore, applications for financial assistance will be available in a number of languages (English, Chinese (Cantonese and Mandarin), Spanish, Russian, Polish, Arabic, Bengali, Italian and Korean) and translation services will be made available.

**B. Staff Training**

All staff involved in registration, admission, insurance verification, financial counseling, billing, collections and customer services will be trained on the appropriate procedure for applying for the Assistance Program.

**V. REPORTS**

In accordance with New York State law, the Hospital will report to the New York State Department of Health the following information:

- Costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage;
- the number of patients, organized by zip code, who applied for financial assistance, and the number, by zip code, who were approved and denied;
- The amount of distributions from the Hospital Indigent Care pool;
- The amount spent from charitable funds or bequests established for the purpose of providing financial assistance to eligible patients as defined by such bequests;



**NYU Hospitals Center**

*Issuing Department: Administration*

*Charity Care and Financial Assistance*

*Effective Date: 06/06*

*Reissue Date: 02/17*

*Reviewed Date: 02/17*

*Page 6 of 6*

- The number of Medicaid applications the Hospital helped patients complete and the number approved and denied;
- The Hospital's gain or loss from providing services under the Medicaid program; and
- If applicable, the number of liens placed on the primary residences of patients through the collection process.

**VI. POLICY CHANGES**

The Hospital reserves the right to change or modify this Policy at any time and from time to time, provided that all changes or modifications will comply with all applicable laws and will not negatively impact pending applications.

---