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## **NYU Langone Hospitals**

*Issuing Department: Administration*

*Charity Care and Financial Assistance*

### **I. POLICY**

NYU Langone Hospitals (the "Hospital") strives to provide medically necessary care to patients of their inpatient and outpatient facilities regardless of patients' ability to pay for the services rendered. This Policy describes the financial assistance program (the "Assistance Program") available to individuals who demonstrate an inability to pay for the cost of the medically necessary services they receive.

The policies and procedures related to the Family Health Centers at NYU Langone (FHC) are set forth in the FHC's *Sliding Fee Discount Program* policy.

### **II. FINANCIAL ASSISTANCE**

#### **A. Eligibility**

Individuals who receive medically necessary services at the Hospital for which they are unable to pay are eligible for financial assistance if they meet the criteria as set forth in this Policy or have otherwise been approved for financial assistance by the Hospital.

#### **B. What Services Are Covered by the Financial Assistance Program?**

The Assistance Program covers only medically necessary services provided at the Hospital's inpatient and Article 28 ambulatory facilities. "Medically necessary services" are defined by Medicare as services or supplies that are needed to diagnose or treat a patient's medical condition and that meet accepted standards of medical practice; services may be in the form of inpatient care, treatment rendered in the Emergency Department, or care rendered in ambulatory facilities (e.g., laboratory services, MRIs, chemotherapy, physical therapy, occupational therapy).

The Assistance Program does not apply to (1) services that are not medically necessary, including but not limited to cosmetic procedures; (2) elective procedures for patients enrolled in commercial insurance plans which do not contract with the Hospital and will not reimburse the Hospital for elective services or do not have out-of-network benefits; (3) ambulance charges; and (4) discretionary charges, including but not limited to private duty nursing charges and private room differential charges. In addition, the Assistance Program does not apply to professional fees for services provided by physicians in their private offices or who bill separately from the Hospital, such as radiology services and anesthesiology services.



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

1. **Criteria for Eligibility.** Determination of eligibility for financial assistance is based on a patient’s residence and a patient’s income, which is determined as set forth further below.

a. **Residence.** For New York State residents, the Assistance Program is available to patients who meet the criteria set forth in this Policy with respect to medically necessary services. For patients who are not residents of New York State, the Assistance Program is available to patients who meet the criteria set forth in this Policy only with respect to emergency services (e.g., treatment in the Emergency Department, emergency inpatient admission).

b. **Income.** Eligible patients will receive care pursuant to the discounts set forth below based on the patient’s family size and annual pre-tax income as determined with reference to the Federal Poverty Level (“FPL”). The Hospital provides 100% discounts for eligible patients up to 600% FPL and lower discounts for eligible patients up to 800% FPL.

Income Based Federal Poverty Levels 2022							
Weekly Income							
	100% Discount	100% Discount	100% Discount	100% Discount	75% Discount	50% Discount	25% Discount
<b>Family Size</b>	<b>0% - 150% FPL</b>	<b>151% - 300% FPL</b>	<b>301% - 400% FPL</b>	<b>401% - 600% FPL</b>	<b>601% - 650% FPL</b>	<b>651% - 700% FPL</b>	<b>701% - 800% FPL</b>
1	\$392	\$784	\$1,045	\$1,568	\$1,699	\$1,829	\$2,091
2	\$528	\$1,056	\$1,408	\$2,113	\$2,289	\$2,465	\$2,817
3	\$664	\$1,329	\$1,772	\$2,657	\$2,879	\$3,100	\$3,543
4	\$800	\$1,601	\$2,135	\$3,202	\$3,469	\$3,736	\$4,269
5	\$937	\$1,873	\$2,498	\$3,747	\$4,059	\$4,371	\$4,995
6	\$1,073	\$2,146	\$2,861	\$4,291	\$4,649	\$5,006	\$5,722
7	\$1,209	\$2,418	\$3,224	\$4,836	\$5,239	\$5,642	\$6,448
8	\$1,345	\$2,690	\$3,587	\$5,380	\$5,829	\$6,277	\$7,174
Additional Person add	\$136	\$272	\$363	\$545	\$590	\$635	\$726



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i. Family Size is determined by including the patient, the patient's spouse and dependents, and, if applicable, the legal guardian with whom the patient resides. A pregnant woman is counted as two family members.

ii. Annual pre-tax income is determined by adding the pre-tax 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. Sources of income include the following:

- Salary/wages before deductions;
- Public assistance;
- Social Security benefits;
- Unemployment and workmen's compensation;
- Veteran's benefits;
- Alimony and/or child support;
- Pension payments;
- Insurance or annuity payments;
- Dividends and other investment income;
- Rental income;
- Net business income; and
- Other (e.g., strike benefits, training stipends, military family allotments, income from estates and trusts).

2. **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 credit score or credit rating.

**D. Payments Limited to Amounts Generally Billed**

In accordance with applicable law, patients who are eligible to receive financial assistance in accordance with this Policy shall not be charged more than the amounts generally billed by the Hospital for patients who have insurance covering emergency or other medically necessary care (the "AGB"). The Hospital's AGB is calculated in accordance with the IRS's "look-back methodology" by determining the amounts of all of the



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Hospital's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service, and managed care reimbursement during the prior 12-month period and dividing it by the sum of associated gross charges for those claims. The Hospital's current AGB is 19% of charges.

**E. Submission and Review of Financial Assistance Applications; Determinations**

1. Applications. Patients who believe they qualify for financial assistance have one hundred twenty (120) days from the later of the date of service or discharge bill to apply for assistance. Applications are available at all Hospital points of registration; on the NYU Langone Health website (see <https://nyulangone.org/insurance-billing-financial-assistance>. Go to "Patient Financial Counselors and Financial Assistance for Hospital Bills" and click on "financial assistance application"); or by visiting a Financial Counselor between the hours of 8 am-5 pm at any of the following locations: (a) NYU Langone Hospital Tisch: (Skirball lobby 560 First Avenue, Rm SK-133, Manhattan Tel: 866-486-9847); (b) NYU Langone Hospital - Brooklyn (150 55<sup>th</sup> Street, Suite 2940, Tel: 718-630-6252); or (c) NYU Langone Hospital – Long Island (131 Mineola Boulevard, Suite 105, Mineola, Tel: 516-663-8373) .

2. Review and Determination. NYU Langone Health Financial Counselors are responsible for reviewing with the patient/patient's representative the available options for the payment of their healthcare, including but not limited to government insurance, commercial insurance, and other programs, including the Assistance Program pursuant to this Policy. Where appropriate, Financial Counselors will provide assistance to a patient in completing applications for Medicaid or other government-sponsored programs, as well as the form required for the Assistance Program.

a. NYU Langone Health Financial Counselors will review each patient's completed application for assistance under the Assistance Program and notify the patient of the determination within thirty days of submission of a completed application.

b. If financial assistance is approved, the patient will be advised of the reduced charge and his/her payment responsibility. If an installment plan arrangement is approved, the patient will not be charged interest and the monthly amount due will not exceed ten percent (10%) of the patient's gross monthly income.

c. For New York State residents, 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. For non-New York State residents, approval of eligibility for financial assistance is valid only for the emergency treatment for which the patient submitted a financial assistance application.



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**F. Appeals**

Patients may appeal the Hospital's financial assistance determination to the Hospital's Charity Care Committee. In order to appeal a determination, patients must, within thirty (30) days of notification of the denial of assistance, submit a request in writing addressed to the Charity Care Committee, c/o Executive Vice President & Vice Dean, Finance, NYU Langone Hospitals, 550 First Avenue, HCC-15, New York, NY 10016. The award of financial assistance that results from an appeal applies only to those services that were subject to the appeal; new financial assistance applications must be submitted for consideration of financial assistance for any future services.

**G. Fair Billing and Collection Practices and Compliance with New York State and Federal Regulations**

1. Patients who have submitted an application for financial assistance are not required to make payment for services until they have been notified of the Hospital's financial assistance decision.
2. The Hospital reserves the right to turn over to collections the accounts of patients who have an unpaid balance and who do not have a financial assistance application in process upon written notice to the patient not less than thirty (30) days prior to referral of debt for collection; provided, however, that the Hospital will not:
  - a. Defer, deny, or require payment before providing medically necessary care due to non-payment of a previous bill;
  - b. Seek payment while a financial assistance or Medicaid application is pending;
  - c. Sell a patient's debt to another party;
  - d. Send an account to collection while an application for Medicaid or financial assistance (which is completed with all required documentation) is pending;
  - e. Send an account to collection for a patient who is determined to be eligible for Medicaid at the time services were rendered and for which services Medicaid payment is available;
  - f. File a lien against a patient's primary residence or institute a foreclosure action;
  - g. Absent extraordinary circumstances, freeze a patient's bank account;
  - h. Garnish a patient's payroll wages;
  - i. Pursue any action which would cause or prevent the patient from paying his/her normal monthly rent, utility or food expenses; and/or
  - j. Report a patient's delinquency or non-payment to credit bureaus or credit agencies.
3. All collection agencies with which the Hospital works will not take any actions that are prohibited pursuant to this Policy, and will not institute a legal action against the patient without the Hospital's consent.



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**IV. ACCESS TO INFORMATION**

**A. Distribution of Information**

The Hospital will broadly disseminate information regarding financial assistance, including posting signs in the registration and intake areas; providing information regarding this Policy in patient Admission Packages; and noting on Hospital bills and statements the availability of financial assistance and resources for further information. Applications for financial assistance will be available in multiple languages (English, Chinese (Cantonese and Mandarin), Spanish, Russian, Polish, Arabic, Bengali, Italian, Korean, Farsi, Haitian - Creole, Portuguese, and Greek) 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:

- A. Costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage;
- B. The number of patients who applied for financial assistance and the number who were approved and denied, in each case organized by zip code;
- C. The amount of distributions from the Hospital Indigent Care pool;
- D. The amount spent from charitable funds or bequests established for the purpose of providing financial assistance to eligible patients as defined by such bequests;
- E. The number of Medicaid applications the Hospital helped patients complete and the number approved and denied;
- F. The Hospital's gain or loss from providing services under the Medicaid program; and
- G. If applicable, the number of liens placed on the primary residences of patients through the collection process.



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## **VI. POLICY CHANGES**

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

### **Related NYU Langone Health Policies**

Revenue Cycle Operations – General Billing and Collections Guidelines Policy