I. POLICY

NYU Winthrop Hospital (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. This policy will be uniformly applied to all patients who request such consideration based on financial need. The amount of financial assistance granted will not be based on the medical condition of the applicant. If a patient does not qualify under this policy and is ultimately sent to a collection agency, under no circumstances will the hospital foreclose on a patient’s primary residence to collect an outstanding bill. For services that are not emergent or medically necessary, the hospital’s self pay policy will apply.

II. FINANCIAL ASSISTANCE

A. Eligibility

New York State residents who receive emergent or medically necessary services and supplies 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. Non-New York State residents’ requests for assistance will be reviewed on a case-by-case basis.

Patients who believe they qualify for financial assistance have two hundred forty (240) days after the receipt of the first bill to apply for assistance. Applications are available on the NYU Winthrop Hospital website (see http://www.nyuwinthrop.org/financial-assistance-application-form), by visiting a Financial Counselor at the Hospital’s main campus (200 Old Country Rd., Suite 440)(516-663-8373), or by calling the Credit and Collections Department (516-576-5600, option #3) between the hours of 8 am to 4 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.

For a complete listing of physicians affiliated with NYU Winthrop Hospital please refer to the Hospital’s website (www.nyuwinthrop.org). All physicians who are affiliated with NYU Winthrop Hospital are not obligated to participate in the Hospital’s financial assistance policy.

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)
   - 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. Generally, the annual pre-tax income cannot exceed 800 percent of the most recently published federal poverty guidelines (FPL) to qualify (http://aspe.hhs.gov/poverty/).

   - **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 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 (“IRS”) 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 20% of charges, which is less than the prior twelve months’ charge to payment ratio for all inpatient and outpatient medically necessary and emergent Medicare fee-for-service and private insurance claims over the past fiscal year (as defined under the IRS “look-back” method). The Hospital provides 100% discounts for eligible patients up to 600% FPL. A copy of the charge to payment ratio calculations may be obtained free of charge by contacting the Credit & Collections Department (516-576-5600, option #3).

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. During the determination period any outstanding balances owed by the patient will not be pursued, and the patient’s account will not be sent to a collection agency.

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 and 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 Director of Patient Financial Services.) 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.

Patients may also qualify for financial assistance under the Hospital’s presumptive eligibility guidelines. Uninsured or underinsured New York State residents whose hospital bill exceeds $5,000 are reviewed based on household income, family size, and credit score utilizing an outside agency to determine eligibility. Those patients who qualify are notified of the amount of financial assistance granted. Under these guidelines, the application process is not necessary. However, the presumptive eligibility relief only applies to the episode of care reviewed and does not extend eligibility for twelve months beyond that episode.
If a patient/guarantor has already made payments to the Hospital and the maximum amount of financial assistance approved is greater than the amounts already paid, a refund for the excess amount will be issued.

For unfavorable determinations, a denial letter will be sent to the patient and any outstanding balances will be pursued in accordance with the Hospital’s billing and collection policy, which may include referrals to collection agencies.

Patients who do not meet the criteria to qualify for financial assistance as noted above may be considered for assistance on a case-by-case basis upon review by the Director of Patient Financial Services or higher.

E. **Appeals**

A patient may appeal the Hospital’s decision regarding the disapproval or level of approved financial services. Appeals are to be directed to the Director of Patient Financial Services, NYU Winthrop Hospital, 700 Hicksville Road, Suite 203, Bethpage, NY 11714 for review. A final decision will be made within 2 weeks of the request.

A second level of appeal is available. The information regarding the request for financial assistance will be presented to the Assistant Vice President of Finance. A final determination will be made within 2 weeks of receipt.

Patients may also contact the New York State Department of Health at (800) 804-5447 or (518) 402-6993.

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 1) a financial assistance application is pending, 2) the patient is determined to be Medicaid-eligible at the time Hospital services were rendered, or 3) 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 and all applicable state and federal laws pertaining to collection efforts. Furthermore, if a legal action instituted by the collection agency (acting only on the Hospital’s prior written 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. The Hospital reserves the right to suspend collection activities or recall an account from a collection agency.

The Hospital’s collection agencies are prohibited from discussing or enforcing this policy. Rather, they must refer patients back to the Hospital for guidance and determination of eligibility. At that time a patient’s account will be recalled from the agency.
The Hospital may pursue extraordinary collection actions (ECAs) after the first 120 days from the receipt of the patient’s first bill, such as placing a lien on property, civil action against the patient, etc. These actions must be approved by the Manager of Credit & Collections or higher. The Hospital will make all reasonable efforts to determine eligibility before pursuing any ECA. Written notice about the availability of financial assistance and the Hospital’s intent to pursue collection efforts will be issued to the patient no less than 30 days prior to the Hospital’s intent to pursue any ECAs. Upon receipt of a completed financial assistance application, all ECAs will be suspended pending determination of eligibility.

III. 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 the 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, Mandarin Chinese, Spanish, Portuguese, Farsi, Haitian Creole, Italian, and Korean) and translation services will be made available. Financial assistance information, including a plain language summary of this policy, and applications can be obtained in these languages, at no charge, at all registration areas as well as the Credit and Collections Department (516-576-5600, option #3) and the Hospital’s website (www.nyuwinthrop.org).

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.

IV. 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 deductible 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 distribution 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;
• 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.

V. POLICY CHANGES AND COMPLIANCE

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

The Hospital will periodically measure its compliance with this policy through its Internal Audit Department.