Northwell Health

TITLE: FINANCIAL ASSISTANCE POLICY AND PROCEDURES
CURRENT EFFECTIVE DATE: 01/01/2018

GENERAL STATEMENT of PURPOSE:

Northwell Health strives to improve the health of the communities it serves and is committed to providing the highest quality of care for the community regardless of ability to pay. As part of its commitment, Northwell Health provides emergency or other medically necessary care at a discount depending upon the circumstances. This Financial Assistance Policy ("FAP" or "the Policy") defines the process that will be used to determine whether any Northwell Health patient, whether uninsured or underinsured, is eligible for full or partial financial assistance.

This policy serves the purpose as outlined under IRS Section 501(r) as enacted in 2016.

POLICY

Northwell Health is committed to providing services at a discount, based upon financial need, as a community benefit to persons who are uninsured, underinsured, ineligible for government programs or other third-party coverage, or otherwise unable to pay for emergency or other medically necessary care. Northwell Health is dedicated to assisting and counseling patients in managing the financial aspects of the care they receive and to fulfilling our commitment to improve the health of individuals, families and the communities it serves.

This policy is in effect for all Northwell Health tax-exempt hospital facilities and clinics exempt under 501(c)(3) of the Internal Revenue code. A listing of the tax-exempt hospital facilities to which this policy applies is included in Appendix A on the hospital's website or available upon request.

Financial assistance is not considered to be a substitute for personal financial responsibility. Financial assistance is available only to persons who are unable to pay for their care and are uninsured or underinsured and are ineligible for current enrollment in or additional support from government programs or other third-party coverage. Patients are expected to comply with Northwell Health's procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services for their overall personal health and for the protection of their individual assets.

Financial assistance is available only for services provided directly by a Northwell Health hospital facility or by a physician employed by Northwell Health. Northwell Health does not, through this policy, assist

any patient in paying for services provided by an independent provider or practitioner, even if those services are provided in one of Northwell Health's hospitals or other facilities. A list of providers, other than the Northwell Health hospital facilities delivering emergency or other medically necessary care in the hospital facilities, covered by the Financial Assistance Policy and which providers are not can be found in Appendix A of this policy. The provider listing is reviewed and updated, as necessary, on a routine basis.

SCOPE

This policy applies to all members of the Northwell Health workforce including, but not limited to: employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or at Northwell Health; faculty and students of the Hofstra Northwell School of Medicine conducting research on behalf of the School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing & Physician Assistant Studies.

DEFINITIONS

For the purpose of this policy, the certain terms are defined as follows:

Amount Generally Billed ("AGB"): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

AGB Percentage: The percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under the Financial Assistance Policy.

Documentation: Consists of a completed financial assistance program application ("Application"). The Application (whether submitted in hard copy or electronically via telephone interview) includes wage verification for the last thirty (30) days of income.

Emergency Medical Conditions: as defined by section 1867 of the Social Security Act (42 U.S.C. 1395dd), also known as the Emergency Medical Treatment and Active Labor Act ("EMTALA"). EMTALA defines an emergency medical condition as a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ part. EMTALA also defines an emergency medical condition to include a pregnant woman who is having contractions.

Extraordinary Collection Action ("ECA"): Includes any one of the following actions taken by Northwell Health against an individual related to obtaining payment of a bill for care covered under this policy:. (1) actions that require a legal or judicial process, (2) reporting of adverse information to consumer credit reporting agencies or credit bureaus, (3) placing of a lien and/or foreclosing on real property, (4) attaching or seizing a bank account or garnishment of wages, and (5) deferring, denying or requiring payment prior to providing non-emergency medical care due to nonpayment of debt for previously provided care covered under the Financial Assistance Policy.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage (including legal common law spouse), or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance. Northwell Health reserves the right to validate the financial responsibility for any listed family member.

Family Income: Family Income includes wages, salaries, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support and other miscellaneous sources. Family Income is determined on a before-tax basis and excludes capital gains or losses. If a person lives with a family, income of all members may be considered. (Unrelated house-hold members do not count). Noncash benefits, such as food stamps and housing subsidies, are not considered income.

Gross Charges: The total charge for providing patient care and other services at a Northwell entity based upon established rates before any deductions from the total charge is applied.

Medically Necessary Services: Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

Plain Language Summary of the Policy ("PLS"): A written statement that notifies an individual that the hospital facility offers financial assistance and provides the following information in language that is clear, concise, and easy to understand:

1. A brief description of the eligibility requirements and assistance offered under the Financial Assistance Policy

2. A brief summary of how to apply for assistance under the Financial Assistance Policy

3. The direct Web site address (or URL) and physical locations where the individual can obtain copies of the FAP and the Application form

4. Instructions on how the individual can obtain a free copy of the Financial Assistance Policy and the Application by mail

5. The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the Financial Assistance Policy and assistance with the application process

6. A statement of the availability of translations of the Financial Assistance Policy, Application and Plain Language Summary in other languages, if applicable

7. A statement that an individual eligible for financial assistance may not be charged more than AGB for emergency or other medically necessary care.

Primary Languages: Languages that are spoken by individuals with Limited English Proficiency ("LEP") who comprise more than five (5) percent or 1,000 residents, whichever is less, of the community served by Northwell Health.

Underinsured: The patient has some level of healthcare insurance or third-party assistance but may have out-of-pocket expenses that exceed a patient's financial abilities.

Uninsured: The patient has no level of healthcare insurance or third party assistance to assist with meeting his/her healthcare related payment obligations.

PROCEDURE/GUIDELINES

In order to manage our resources responsibly and to allow Northwell Health to provide the appropriate level of financial assistance to persons in need, the following guidelines are established for the provision of financial assistance. Accordingly, the policy includes the following information regarding financial assistance;

1. Description of the basis for calculating amounts charged to patients eligible for financial assistance under this policy;

2. Description of the method by which patients may apply for financial assistance;

3. Description of the information obtained from external or internal data sources, other than the information received directly from the individual seeking financial assistance, that may be used, and under which circumstances a previous determination of a patient's eligibility for financial assistance may be used to presumptively determine that the individual is eligible for financial assistance;

4. Description of how the Northwell Health facilities will widely publicize the Policy within the communities served; and

5. Description of the limits on the amounts that a hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the lesser of (1) amounts generally billed or (2) any discount available in accordance with the sliding scale included in item (F) of the Procedures section of this policy.

A. <u>Services Eligible under Northwell Health's Financial Assistance Policy</u>

For purposes of this policy, "financial assistance" refers to health care services provided by Northwell Health at discounted amounts to qualifying patients. (Pediatric and prenatal medical services may not

require payment from qualifying patients) The following health care services are eligible for financial assistance:

1. Emergency medical services for any individual who resides in the Northwell Health service area, including patients who present at any Northwell Health Emergency Department (including transfers under the Emergency Medical Treatment and Active Labor Act "EMTALA"), provided in an emergency room setting;

2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and

4. Medically necessary non-emergency medical care services.

Financial assistance will be provided to qualified patients who reside in the New York Tri-State Region.

Determinations regarding medical necessity are the responsibility of the healthcare professional providing the care, without regard to the ability to pay by the patient. Northwell Health will not engage in any actions that discourage individuals from seeking emergency medical care.

Northwell Health does not require emergency department patients to pay before receiving treatment for emergency medical conditions nor does Northwell Health permit debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

B. Eligibility for Financial Assistance

Eligibility for financial assistance will be considered for those individuals who are residents of the service area (noted above) and are uninsured, underinsured, ineligible for government programs that would pay for services, or otherwise unable to pay for their care/or have exhausted their benefits for covered services.

The granting of financial assistance will be based on an individualized determination of financial need in accordance with this policy, and shall not take into account age, gender, race, color, national origin, religion, social or immigrant status, sexual orientation, gender identity, spousal affiliation, physical handicap, or mental handicap.

Participation in the FAP (a) may be contingent upon a patient's willingness to apply for Medicaid or such other public insurance programs that the patient may be eligible for based upon Northwell Health assessment, and (b) requires the patient to fully cooperate with Northwell Health's Application requirements, including the disclosure of personal, financial or other information necessary for determination of financial need.

When considering FAP applications, Northwell Health reserves the right to:

1. Consider eligibility for financial assistance at any point before or after service(s) are rendered and/or any time during the billing and collection cycle;

2. Request application for eligibility for financial assistance for each medical visit or admission to a Northwell facility;

3. Make hardship modifications to any aspect of the Financial Assistance Policy;

4. Apply the terms of this policy to patients that reside outside of the primary service area of each hospital facility as defined by the NYSDOH; and

5. Utilize externally obtained income information from available resources for use in family size and income verification.

Eligibility for the program is based on current Family Income and is available to individuals with household incomes that are less than those shown below:

Household / Family Size	Maximum Household Income (500% of 2018 Federal Poverty Guidelines)
1	$60,700
2	$82,300
3	$103,900
4	$125,500
5	$147,100
6	$168,700
For each additional person, add	$21,600

C. Method for Applying for Financial Assistance

1. Patients are encouraged to apply for financial assistance within ninety (90) days from the date noted on the first post-discharge billing statement; however patients are permitted a minimum of two hundred and forty (240) days to apply and submit a completed application.

2. Patients may apply for financial assistance by submitting an application or through an interactive process with a financial counselor. In order for Northwell Health to make a determination of eligibility for financial assistance, patients must complete the application and provide all required documentation. Applications may be obtained in the following ways:

a) On-line at Northwell Health web address: www.northwell.edu/manage-your-care/financial-aid-programs/financial-assistance-program;

b) By calling a customer service representative using the phone number listed below in item (J) of the Procedures section of this policy below; or

c) By contacting a financial counselor at the respective facility listed below in in item (J) of the Procedures section of this policy below.

3. Applicants for financial assistance will be requested to fully cooperate in applying for any public insurance program (e.g., Medicaid, Child Health Plus, etc.) that Northwell Health believes the applicant may be eligible for.

4. Please mail completed applications to respective addresses listed below.

5. Once the completed application is submitted using one of the methods noted above, the patient may disregard any bills/statement until a written notification regarding the status of the financial assistance application. The notification of eligibility for financial assistance should be received by the patient in writing within thirty (30) days of submission of a completed application.

Upon receipt of a complete financial assistance application, any and all ECA's that are in process related to the patient will be suspended.

If a patient is deemed eligible for financial assistance, an updated billing statement will be provided which will indicate the amount owed, how the amount was determined, and the applicable AGB percentage. Any amounts paid in excess of the amount determined to be owed by a patient will be refunded accordingly.

All decisions on financial assistance eligibility will be made in writing. The notification of denial of financial assistance will explain the reason for the denial, an overview of the appeals process, and instructions for submitting an appeal.

Appeals can be filed within thirty (30) days of the denial notice. A determination regarding the appeal will be made within thirty (30) days of receiving an appeal. Patients will be notified in writing of the outcome of their appeal.

If an incomplete application is received, the patient will receive written notice that describes the additional information or documentation required to make an eligibility determination for financial assistance. The additional information or documentation is expected to be provided within 30 days of notification. The patient should expect to receive the routine follow up notices for any unpaid bills, however any ECA's which had been initiated will be suspended until a determination of eligibility for financial assistance is made.

D. <u>Required Documentation and Determination of Financial Assistance</u>

Financial assistance will be determined on an individual basis.

Documentation requested during the application submission process may require the patient or the patient's guarantor to supply personal, financial, and other information or documentation relevant to verifying Family Income. In making the determination of financial assistance, some or all of the following items may need to be provided:

a. A completed application;

b. Prior year's tax return(s);

c. Minimum of two most recent pay stubs;

d. Minimum of three most recent bank statements for savings and checking accounts;

e. Other proof of income as defined by 'Family Income' listed in the Definitions section of this policy;

f. All outstanding credit card statements; and

g. Documentation of other debt as listed in the Definitions section of this policy.

If an applicant does not have any of the listed documents to prove household income, the applicant may call the hospital facility's financial assistance office noted in in item (J) of the Procedures section of this policy below and discuss other evidence that may be provided to demonstrate eligibility.

Northwell Health may request additional documentation related to assets for patients with household incomes under 150% of the Federal Poverty Guidelines ("FPG").

Northwell Health may also:

a. Request the patient participate in joint efforts to apply for alternative sources of payment for the health care services provided and possibly obtain health care coverage from public and private payment programs;

b. Take into account the patient's available assets exceeding $10,000 (excluding primary residence and a vehicle used for daily transport to school or work). Northwell Health will only consider 25% of the total "unencumbered value" of available assets, which will be added to Family Income amounts to determine eligibility;

c. Take into account other resources available to the patient; and

d. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

Northwell Health will not deny financial assistance for failure to provide documentation not identified in this policy.

Non-emergent services may be scheduled prior to making a request for financial assistance; however, a determination on the financial assistance application is generally required prior to obtaining services. The financial assistance application will be kept on file for three months and may be used to determine eligibility for subsequent services. The need for financial assistance may be re-evaluated at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

Financial assistance will be applied at approved levels to any outstanding unpaid account the patient may have without respect to date of service.

E. Presumptive Financial Assistance Eligibility & Information Obtained from other Sources

There are instances when a patient may receive financial assistance discounts without a written / formal financial assistance application on file. Often there is adequate information provided by the patient or obtained by Northwell Health through other sources, which could provide sufficient evidence to provide the patient with financial assistance.

In such cases, Northwell Health may use outside agencies to estimate gross income in order to determine eligibility or may make a determination based on a patient's enrollment in other assistance programs not related to Northwell Health. Once determined by the financial counselor, due to the inherent nature of the presumptive circumstances, the patient may be eligible for discount on the account balance. If a patient is presumptively determined to be eligible for less than the maximum assistance available under this policy, Northwell Health will notify the patient, in writing, regarding the basis for the presumptive financial assistance eligibility determination, and how to apply for more additional assistance. A copy of the PLS will also be provided to the patient. Other sources of data used to make a presumptive eligibility decision may include the patient's participation in certain programs or the availability of externally obtained information such as:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (i.e. Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address;
8. Patient is deceased with no known estate;
9. Patients enrolled in limited service Medicaid programs that use a defined family income at or below 100% of the Federal Poverty Guidelines, specifically, Medicaid for Pregnant Women-Pregnancy Related Services Only or Family Planning Services and EMSA;
10. Patients with non-participating out-of-state Medicaid insurance plans;
11. Patients identified as having income below 100% of the Federal Poverty Guidelines through access to external sources of information after services have been rendered; and

12. The use of publically available data sources (i.e. credit reporting agency) that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring).

To facilitate the compilation of documentation for FAP Application processing and/or the financial screening process, Northwell Health may utilize soft credit inquiries that are not visible / transparent to creditors (only visible to the patient or responsible party), and have no impact on the patient's credit status or ability to obtain future credit (i.e. FICO score).

Such inquiries may be used to:

1. Reduce the patients' administrative burden (re: compiling documents); and/or

2. Determine presumptive eligibility for patients, guarantor's and/or the patient's legal representative that do not establish contact with Northwell Health during the billing and collection cycle despite the usual and customary efforts of Northwell Health.

F. <u>Patient Financial Assistance Guidelines</u>

Northwell Health uses the Federal Poverty Guidelines ("FPG"); in effect at the time the application is reviewed, to determine eligibility for financial assistance level. Northwell Health will update the FPG, which is published annually by the US Department of Health and Human Services, effective each year as of March 1 or thirty (30) days from the date of publication, whichever is later.

Subject to the availability of other assets,

1. Patients whose family income is at or below 100% of the FPG are eligible to receive emergency or medically necessary services at no charge or at the nominal payment level defined by the NYSDOH; and

2. Patients whose family income is above 100% but not more than 500% of the FPG are eligible to receive a discount for emergency or medically necessary services as outlined in the sliding scale table below.

Northwell Health utilizes Medicaid rates on a "Look-Back" basis for calculating Amounts Generally Billed for all of its tax-exempt hospital facilities with the exception of Huntington Hospital Association, Northern Westchester Hospital Association, Phelps Memorial Hospital Association, Northwell Health Physician Partners (formerly known as the North Shore LIJ Medical Group), and Staten Island University Hospital which will utilize Medicare rates on a "Look-Back" basis for the Amounts Generally Billed.

Additional information pertaining to the AGB percentages by hospital facility, as well as information as to how Northwell Health calculated these percentages is available upon request, free of charge by visiting the following Northwell Health website at www.northwell.edu/find-care/locations/ or by contacting our financial assistance office at 1-800-995-5727.

Amounts charged to patients who are eligible for assistance will be limited to the lesser of AGB or the sliding scale below:

Gross Wages and Assets as % of FPG	Patient Responsibility (% of AGB)
100% or less	$0 - $150
101% to 125%	10%
126% to 150%	15%
151% to 200%	20%
201% to 250%	25%
251% to 300%	35%
301% to 500%	100%

In addition, uninsured and under-insured patients whose family income exceeds 500% of the FPG will receive discounted care if hardship is claimed and will not be charged more than the prevailing commercial insurance rates.

G. Communication of the Financial Assistance Program to Patients and the Public

Northwell Health provides public notice regarding the availability of financial assistance by various means, including notices in patient bills, emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, clinics, and patient financial services offices that are located on Northwell Health hospital facility campuses. Information is also included on Northwell Health hospital facility websites. Additionally, Northwell Health provides summaries of the financial assistance program to local public agencies and non-profit organizations who serve the health needs of the community's low income populations.

Referral of patients for financial assistance may be made by any member of the Northwell Health's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws. Northwell Health will endeavor to contact uninsured patients, while they are in the hospital, prior to discharge from a Northwell Health hospital facility in order to provide financial counseling, including information about payment programs and financial assistance.

Northwell Health's Financial Assistance Policy Application and Plain Language Summary of the Policy are available in English and the primary language of populations with Limited English Proficiency.

Patients will be notified regarding the availability of financial assistance during the intake, registration and financial counseling process. The PLS will be offered to all patients as part of the intake process. Translation services for those non-English speaking patients that don't meet the criteria to constitute Primary Language may be available upon request.

H. Billing and Collection Policies

Northwell Health has policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from Northwell Health, and a patient's good faith effort to comply with his or her payment agreements with Northwell Health. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bill, Northwell Health may offer extended payment plans, and will not impose wage garnishments or liens on primary residences, and will cease all collection efforts, unless the payment agreement is broken or the patient ceases to cooperate with Northwell Health to resolve his/her account.

All billing statements sent by Northwell Health includes a conspicuous notice regarding the availability of financial assistance, along with a telephone number which a patient can call to receive information about the FAP and assistance with the application process. The billing statements will also include the website address where copies of the FAP, Application, and PLS can be obtained.

Northwell Health, or its agents, will not undertake ECA's until 120 days after the hospital provides a patient with the first post-discharge billing statement. Patients will also be provided a minimum of thirty (30) days advance notice of the initiation of any ECA. Northwell Health reserves the right to take such actions against anyone who has accepted responsibility or is required to accept responsibility for a patient's hospital bill. This notice will inform patients regarding the availability of financial assistance, and of any ECA's that Northwell Health may initiate or resume if a patient has not paid an outstanding balance or initiated the financial assistance process. A copy of the PLS will also be included with the 30-day notice.

I. Regulatory Requirements

Northwell Health will comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

J. Northwell Health Financial Counseling Offices

Northwell Health Financial Assistance Unit noted below provides counseling services for the following facilities: *North Shore University Hospital, Long Island Jewish Medical Center, Cohen Children's Medical Center, The Zucker Hillside Hospital, LIJ-Forest Hills, LIJ-Valley Stream, Huntington Hospital, Lenox Hill Hospital, Manhattan Eye, Ear and Throat Hospital, Staten Island University Hospital, Glen Cove Hospital, Plainview Hospital, Southside Hospital and Syosset Hospital.*

Northwell Health
Financial Assistance Unit
35 Pinelawn Road
Melville, NY 11747-9001
Phone: 1.800.995.5727

Mailing address:
Northwell Health
Financial Assistance Unit
PO Box 9001
Melville, NY 11747-9001
Web address:
www.northwell.edu/manage-your-care/financial-aid-programs/financial-assistance-program

Northern Westchester Hospital
Patient Accounts Department
34 South Bedford Road, 2nd Floor
Mount Kisco, NY 10549-1096
Phone: 914.666.1512
Web address: www.nwhc.net/for-patients-and-visitors/financial-assistance

Phelps Memorial Hospital Center
Financial Counseling
701 North Broadway
Sleepy Hollow, NY 10591-1096
Phone: 914.366.3133
Email - billing@pmhc.us
Web address: www.phelpshospital.org/patient-visitor-info/billing/

Peconic Bay Medical Center
Financial Assistance Coordinator
1300 Roanoke Avenue
Riverhead, NY 11901
Phone: 631.548.6099
Web address: www.pbmchealth.org/medical-centers-and-services/peconic-bay-medical-center/billing/

John T. Mather Memorial Hospital
Financial Assistance Coordinator
75 North Country Road
Port Jefferson, NY 11777
Phone: 631.476.1320 ext. 4037
Web address: www.matherhospital.org/financial-aid.php