WYCKOFF HEIGHTS MEDICAL CENTER
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

CODE: 5.2

CATEGORY:	Finance
SUBJECT:	Charity Care/Financial Assistance
ORIGINATOR:	Frank Vutrano, CFO
EFFECTIVE DATE:	June 1, 2013
REVIEW DATE:	May 4, 2017
REVIEWER'S	Frank Vutrano EVP/CFO
SIGNATURE:	

POLICY

Wyckoff Heights Medical Center will provide Charity Care to all qualifying patients for non-elective services and clinic visits. Eligibility will be based solely on ability to pay and will not be based on age, sex, race, creed, disability, sexual orientation or national origin. Full Financial Assistance will be limited to persons whose family income is not more than 100% of the current Federal Poverty guidelines. A sliding fee scale for Hospital based services and flat fees for Clinic visits will be granted to families with resources up to 300% of the poverty level. Charity Care patients will be granted a percentage discount for extensive dental procedures. When a procedure is performed in the clinic. Special consideration will be given to patients with extenuating circumstances.

Wyckoff Heights Medical Center will not charge individuals eligible for charity care under this policy more than the amounts generally billed (AGB) to individuals who have insurance covering such care. AGB is determined based upon the Medicare reimbursement rate.

Applications for charity care should be submitted as soon as possible, and will be accepted for up to 240 days from the date of the first post-services billing statement.

The Hospital will widely publicize this Policy by posting it on its website, providing paper copies and signage and information in billing statements.

SPECIAL INFORMATION

Eligibility will be conditional on a person applying for local, state, federal or other third party assistance or insurance.

There are four (4) groups for reduction of charges which are based on income and family size. Patients/guarantors will be responsible for paying a percentage of hospital based charges (unless granted 100% charity for hospital services) or flat fee rates for Clinic visits:

CHARITY CARE / POVERTY INCOME GUIDELINE

	Group 1	Group 2	Group 3	Group 4
Family Size	<100%	<175%	<250%	<300%
1	$12,060	$21,105	$27,135	$36,180
2	$16,240	$28,420	$36,540	$48,720
3	$20,420	$35,735	$45,945	$61,260
4	$24,600	$43,050	$55,350	$73,800
5	$28,780	$50,365	$64,755	$86,340
6	$32,960	$57,680	$74,160	$98,880
7	$37,140	$64,995	$83,565	$111,420
8	$41,320	$72,310	$92,970	$123,960

Family units with more than eight family members add $4180 for each additional person
SOURCE: Foundation for Health Coverage Education; 2017 Federal Poverty Level

Note: Based on the existence of extenuating circumstances, The Vice President of Finance may approve the extension of charity care, at his discretion, to applicants who do not qualify based on income guidelines listed above.

Based on the balance of the amount requested to be adjusted/written-off, appropriate level of approval must be obtained:

Adjustment/Write off Balance	Approval Needed
<$1000	Patient Access/Account Team Member
>$1001 to <$4,999	Patient Access/Accounts Manager
>$5,000 to <$9,999	Patient Access/Accounts Director
>$10,000 to $25,000	VP Budget, Reimbursement and Revenue Cycle
>$25,001	Chief Financial Officer

PROCEDURE

1. Requests must be made by the Patient/Guarantor in person or by phone 718-963-7317 or the Customer Service Area room 1-32 Medicaid Office.
2. Designated staff member interviews Patient/Guarantor for any third party coverage that would pay for service.
3. Discuss the Patient's financial situation and determine if they have the ability to pay. If a lump sum payment cannot be made, credit card(s) or an agreed upon payment plan is acceptable.
    a. If the patient can afford to pay, establish payment expectations with the patient to resolve the account(s).
    b. If patient does not have coverage and cannot afford to pay
        i. Explain the charity program and requirements to the patient/guarantor
        ii. Explain the required supporting documentation that needs to accompany the application – Proof of identification, residency and income.
        iii. Provide the patient with a Charity Care application and request the application be completed within ten (10) working days.
        iv. If there are any unresolved questions schedule a face to face meeting with the Patient/Guarantor.
        v. Inform the Patient/Guarantor that they will be notified of eligibility within ten (10) days of receipt of a completed application and necessary supporting documents.
4. Upon receipt of the application, a designated staff member will complete review.
    a. If the application is incomplete or has not been received after fifteen (15) days from discussion:
        i. Call or mail a request to the patient stating they have ninety (90) additional days to complete the Charity Care application or they will be processed as self-pay
        ii. If the patient is not cooperative, transfer or leave the account in self-pay.
        iii. Document activity in the Meditech system
    b. If the application is complete with all required supporting documentation, review the application and approve or deny.
        i. If approved, determine the amount of charity to be granted based on the schedule below and go to next step 5.

FINANCIAL ASSISTANCE REDUCED FEE SCHEDULE

HOUSEHOLD SIZE	AT OR < 100%	GREATER THAN 100%	UP TO 125%	GREATER THAN 125%	UP TO 150%	GREATER THAN 150%	UP TO 175%	GREATER THAN 175%	UP TO 200%	GREATER THAN 200%	UP TO 225%	GREATER THAN 225%	UP TO 250%	GREATER THAN 250%	UP TO 300%
1	12,060	12,060	15,075	15,075	18,090	18,090	21,105	21,105	24,120	24,120	27,135	27,135	30,150	30,150	36,180
2	16,240	16,240	20,300	20,300	24,360	24,360	28,420	28,420	32,480	32,480	36,540	36,540	40,600	40,600	48,720
3	20,420	20,420	25,525	25,525	30,630	30,630	35,735	35,735	40,840	40,840	45,945	45,945	51,050	51,050	61,260
4	24,600	24,600	30,750	30,750	36,900	36,900	43,050	43,050	49,200	49,200	55,350	55,350	61,500	61,500	73,800
5	28,780	28,780	35,975	35,975	43,170	43,170	50,365	50,365	57,560	57,560	64,755	64,755	71,950	71,950	86,340
6	32,960	32,960	41,200	41,200	49,440	49,440	57,680	57,680	65,920	65,920	74,160	74,160	82,400	82,400	98,880
7	37,140	37,140	46,425	46,425	55,710	55,710	64,995	64,995	74,280	74,280	83,565	83,565	92,850	92,850	111,420
8	41,320	41,320	51,650	51,650	61,980	61,980	72,310	72,310	82,640	82,640	92,970	92,970	103,300	103,300	123,960
EACH ADDITIONAL	4,180	4,180	5,225	5,225	6,270	6,270	7,315	7,315	8,360	8,360	9,405	9,405	10,450	10,450	12,540
Patient Liability: Lesser of Total Chgs or % of Medicare Rate	Free	10%		20%		35%		50%		60%		75%		100%	

ii. If denied go to Step 5.

5. Complete a Charity Application Worksheet:
   a. Document situational/summary information
   b. If denied, check off denied, sign and date form. Go to step #9b
   c. If approved:
      i. Select Level# for approval and any condition that must be met
      ii. Sign and date top section of application
   d. If amount is within your approval limits, proceed to step #9a
   e. If the amount is over your approval limits, date and sign the form, document activity in Meditech, and refer to the appropriate Manager

6. Manager reviews documentation and verify that due diligence steps were taken.
   i. If balance is within approval level return to team member who completed the worksheet and proceed to step #9a
   ii. If over Manager's approval level, forward to appropriate Director. Proceed to# 7

7. Director reviews Charity Care request
   i. If balance is within approval level, return application to staff member who completed worksheet. Proceed to step #9a
   ii. If balance is over approval level, forward to Vice President of Finance for approval.

8. If applicable, Vice President of Finance reviews Charity Care request
   Sign and date form, and return to Director who referred the worksheet. Proceed to step #9a.

9. Patient Accounts department receives worksheet with appropriate signatures and determination;
   a. If approved:
      i. Inform the patient/guarantor of the approval and the estimated self-pay portion that the patient will be responsible for and must be addressed prior to receiving future services.

Wyckoff Heights Medical Center
374 Stockholm Street
Brooklyn, NY 11237
718-963-7272
APPLICATION FOR CHARITY CARE/FINANCIAL ASSISTANCE

Name:_____

Address:_____

_____

Phone: _____

Family size/number in household: _____

	Patient Income ☐Wkly ☐Biwkly ☐Mthly	Spouse Income ☐Wkly ☐Biwkly ☐Mthly
Wages		
Social Security Payment		
Unemployment Compensation		
Disability		
Workers Compensation		
Alimony/Child Support		
Dividends/Interest/Rentals		
All other income		
Total		

	Patient ASSETS	Spouse ASSETS
Checking Account Balance		
Savings Account Balance		

I affirm that the above information is true, complete and correct to the very best of my knowledge.

Signed_____ Date_____

If you have questions or need help completing this application, call Financial Counseling at

(718)-963-7317

If you have received a bill or bills from the hospital, check here: ☐

You do not have to make any payment to the hospital until the hospital sends you a letter with its decision on your application.

Please send completed form and attachments to:

Wyckoff Heights Medical Center
374 Stockholm Street
Brooklyn, NY 11237
Attention: Financial Assistance Program, Room 1-32

WYCKOFF HEIGHTS MEDICAL CENTER
374 Stockholm St. Brooklyn, NY 1137

MEDICAID DEPT. ROOM 1-32

Necessary Documents for Financial Assistance/Charity Care

IDENTIFICATION

All the following documents are required as proof of identification:

- **Birth Certificate or Passport (all family members).**
- **Driver's License.**
- **Military Service Records (if applicable).**
- **Social Security Card (all family members).**

RESIDENCE

The following documentation can be presented as proof of residence:

- **Current Rental Receipt or Notarized Letter from Landlord Stating Residence.**
- **Current Household Bill, Telephone, Gas, Cable or Electrical.**
- **Current Mail Addressed to Adult Family Member-Post Office Marked.**
- **Current Letter of Proof of Residence.**

INCOME

The following documentation can be presented as proof of income:

- **Four (4) Weeks of Income or Letter from Employer Stating Gross Income.**
- **Income Tax Returns for most Current Year.**
- **If Unemployed, Current Letter of Support or Unemployment book/check or stub.**

ADDITIONAL

- **Letter to Wyckoff Heights Medical Center requesting help to pay the hospital bill.**

Please bring all original documents to the Medicaid office between the hours of 9:00AM – 4:00PM only.

Thank you,

_____

Customer Service Representative

Wyckoff Heights Medical Center

WYCKOFF HEIGHTS MEDICAL CENTER
Financial Assistance Summary

Wyckoff Heights Medical Center recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Wyckoff Heights Medical Center's charity care/financial assistance program provides discounts to qualifying individuals based on your income. In addition, we can help you apply for free or low cost insurance if you qualify. Just contact our Financial Counselor at (718) 963-7356 for free, confidential assistance.

Who qualifies for a discount?

Charity care/financial assistance is available for patients with limited incomes and no health insurance.

Everyone in New York State who needs emergency services can receive care and get a discount if they meet the income limits.

Everyone who lives in the five boroughs of New York City can get a discount on non-Emergency medically necessary services at Wyckoff Heights Medical Center if they meet the income limits. You cannot be denied medically necessary care because you need financial assistance.

What are the income limits?

The amount of the discount varies based on your income and the size of your family. **If** you have no health insurance these are the income limits:

Family Size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	Up to $12,060	Up to $2,553	Up to $589
2	Up to $16,240	Up to $3,423	Up to $790
3	Up to $20,420	Up to $4,293	Up to $991
4	Up to $24,600	Up to $5,163	Up to $1,191
5	Up to $28,780	Up to $6,033	Up to $1,392
6	Up to $41,320	Up to $6,903	Up to $1,593

- Based on the 2017 Federal Poverty Guidelines

What if I do not meet the income limits?

If you cannot pay your bill Wyckoff Heights Medical Center offers a payment plan to those patients who meet the income limits. The amount you pay depends on the amount of your income.

Can someone explain the discount? Can someone help me apply?

Yes free confidential help is available. Call our Financial Counseling Department at (718) 963-7356.

If you do not speak English, someone will help you in your own language.

The Financial Counselor can refer you to someone who can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus, and Family Health Plus.

If you do not qualify for low-cost insurance the Financial Counselor will help you apply for a discount. The Counselor will help you fill out the forms and tell you what documents you need to supply.

What do I need to apply for a discount?

You will need to provide proof of income for the past 3 months (for example: pay stub, Income Tax return) and proof of identity. **If** you cannot provide any of these you may still be able to apply for financial assistance.

What services are covered?

All medically necessary services provided by Wyckoff Heights Medical Center are covered by the discount. This includes outpatient services, emergency care, and inpatient admissions.

Cosmetic services and charges from *private doctors* who provide services in the hospital are <u>not</u> covered. You should talk to private doctors to see if they offer a discount or payment plan.

How much do I have to pay?

The amount for an outpatient service or the emergency room starts from $0 for children and pregnant women, depending on your income. The amount for outpatient service or the emergency room starts from $15 for adults, depending on your income.

Our Financial Counselor will give you the details about your specific discount(s) once your application is processed.

How do I get the discount?

You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level.

You can apply for a discount before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail.
Send the completed form to the Admitting Department at Wyckoff Heights Medical Center,374 Stockholm Street, Brooklyn, New York 11237. You have up to 90 days after receiving services to submit the application.

How will I know if I qualified for the program?

Wyckoff Heights Medical Center will send you a letter within 30 days after completion and submission of documentation, advising you if you have been approved and the level of discount received.

What if I receive a bill while waiting for the approval?

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.

ii. Notify the clinical department / Financial Investigators of determination for scheduled services.
iii. Complete adjustment form for any outstanding balances
iv. Change financial class to Charity
v. Document activity in the Meditech system.
vi. Retain application as directed

b. If denied:
i. Inform the patient/guarantor of the denial and work with them to resolve the account
ii. Notify the clinical department / Financial Investigators of determination for future services.
iii. Document activity in the Meditech system.
iv. Retain application as directed.
v. Change to self-pay.

5. Collection Policy and Extraordinary Collection Actions (ECA): Wyckoff Heights Medical Center will make all reasonable efforts to determine eligibility and will follow collections processes in accordance with 501(r) regulations.

The following facilities are covered by this policy:
Wyckoff Heights Medical Center: Inpatient, emergency, outpatient, ambulatory care, ambulance and Faculty practice.
Private physician fees are not covered by our financial assistance policy.

Attachment:
Charity Care Application
Charity Care Worksheet Form
Financial Assistance Summary

Compliance Review:

Deborah Konopko Vice President

Approved:

Ramon Rodriguez President/CEO