


BROOKDALE

UNIVERSITY HOSPITAL MEDICAL CENTER

The Leader of Healthcare in East Brooklyn

POLICY TITLE: FINANCIAL ASSISTANCE PROGRAM (f/k/a FINANCIAL AID NOTIFICATION TO PATIENTS)	
DEPARTMENTS: ORGANIZATIONWIDE	CODE#: POL- 15-006-ORG
ORIGINAL DATE: 9/6/11	PAGE 1 OF 9
DATE APPROVED/REVISED: 11/14, 2/15, 7/17, 1/21	APPROVED BY:  Robert Palermo
DATE REVIEWED: 2/1/15, 11/17, 1/21	DATE: 1/21/21 TITLE: SVP/Chief Financial Officer

I. POLICY:

The Brookdale Hospital Medical Center (BHMC) shall provide financial assistance, including a reduced rate to patients for all medically necessary and therapeutically beneficial services and procedures and all emergency hospital services, including emergency transfers pursuant to the federal Emergency Medical Treatment and Active Labor Act (“EMTALA”), under the terms and conditions set forth in this Financial Assistance Policy. BHMC shall provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance under this Policy.

II. SCOPE:

This policy applies to all members of the work force of The Brookdale Hospital Medical Center, and the above-named affiliates, including, but not limited to, employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or at The Brookdale Hospital Medical Center or any of the above-named affiliates.

III. DEFINITIONS:

None.

IV. PROCEDURES:

All patients will be informed of the availability of financial assistant policy at time of registration. The patients will be referred to the Financial Counselors who will ensure that patients are given the applications and a copy of the plain language summary. Applications and plain language summary will be available in English and in Spanish, Russian and French Creole. Any additional languages required will be provided through the BHMC Language Assistance Department. Financial Assistance policy and information are also provided on the BHMC website at www.brookdalehospital.org.

Patients who do not have any insurance coverage will be eligible for an automatic discount reduction. This will be calculated based on the Medicaid reimbursement for the service provided. This amount will be considered a “Charity Adjustment”, based on the mean income in BHMC’s geographic area, and written off to the appropriate

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code. If a patient applies and is qualified for additional financial assistance, that additional financial assistance will be deducted from the patient's account after the initial Charity Adjustment is made. Uninsured and underinsured patients with incomes below 300% of the Federal Poverty Guideline (FPG) are presumptively eligible for additional financial assistance. BHMC may utilize the services of a third-party vendor to assist in eligibility determination.

Patients are eligible for the BHMC Financial Assistance Program regardless of their immigration status or medical condition, except for not medically necessary or elective procedures, such as cosmetic services.

Insurance programs are offered to New York State residents who qualify. The BHMC Financial Assistance Office will, on a case-by-case basis, evaluate assistance in extenuating circumstances (e.g. out-of-state residency) as requested by the patient and with Senior Administrative approval.

All medically necessary and therapeutically beneficial care services provided by BHMC are covered by this Policy, including outpatient services, emergency care and inpatient admissions.

Certain elective services are excluded such as non-medically necessary cosmetic services and self-improvement services. Co-pays and deductibles are covered under this Policy.

Charges from private doctors who provide services in BHMC are not covered.

Each patient seeking financial assistance must fill out BHMC's Financial Aid Application and provide the required documents to support the application. Patients applying for financial assistance are required to cooperate with the requirements of the application by providing information and documentation necessary to render a decision on the application.

BHMC provides application forms in the primary languages of patients served by BHMC (in accordance with Section § 2807-k(9-a)(e) of the New York Public Health Law).

To apply for financial assistance, a patient will be asked to provide a form of picture ID, proof of address, four consecutive weeks of current pay stubs and/or a statement indicating

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what means of support the patient has.

If the patient cannot provide any of these documents the patient may still be able to apply for financial assistance.

BHMC may utilize the services of a commercial credit-reporting service in connection with the evaluation of the patient's application.

Decisions regarding Financial Aid Applications shall be made by BHMC within 30 days of receipt of a completed application.

Whenever a Medicaid application is also being submitted on behalf of the financial aid applicant, a financial aid decision will be rendered within 30 days of a Medicaid determination. The Medicaid decision is provided to the patient in writing by the local Department of Social Services (DSS) office and includes the method by which the patient can appeal a denial. The financial assistance denial letters explains the process to re-evaluate denied applications, if, or when, an appeal is requested.

Financial assistance applicants are not required to pay their hospital bill(s) while the application for assistance is being considered and a determination is being made.

BHMC permits patients to apply for financial assistance up to 240 days after inpatient discharge or receipt of outpatient services. Patients have up to 20 days from the date the application is submitted to provide additional documents and information needed to complete an application.

At the request of the applicant, an extension can be granted with administrative approval on a case-by-case basis, giving consideration to each individual's right to receive quality and compassionate care at BHMC.

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All documents should be sent to or brought to the below address:

The Brookdale Hospital Medical Center
Attn: Financial Investigations Office
1 Brookdale Plaza
Fourth Floor – Snapper Building
Brooklyn, NY 11212
(718) 240-5240 or (718) 240-5950

The BHMC Financial Office will provide assistance to patients who have questions or who need help in completing the financial aid application and, if applicable, provide information on insurance options.

BHMC provides financial assistance to patients that provide proof that their income is below 300% of the Federal Poverty Guidelines (“FPG”). Patients with income below 300% FPG are presumed to be eligible for financial assistance.

The basis for calculating the amounts charged to patients eligible for financial assistance is as follows. In no event may BHMC charge an individual eligible for financial assistance gross charges or more than the amounts generally billed to individuals who have insurance covering such care.

For individuals whose incomes are at or below 100% FPG, BHMC collects no more than a nominal payment amount, consistent with guidelines established by the New York State Commissioner of Health. The current guidelines – the maximum amount that can be charged to eligible patients – are: \$150/discharge for inpatient services, \$150/procedure for ambulatory surgery, \$150/procedure for MRI testing, \$15/visit for adult ER/clinic services, and no charge for prenatal and pediatric ER/clinic services.

For individuals with incomes between 101% and 150% FPG, BHMC collects no more than a proportional sliding fee schedule that increases from the nominal payment amount up to 20% of the amount that would have been paid for the same services by Medicaid depending on the service.

For individuals with incomes between 151% and 250% FPG, BHMC collects no more than a

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proportional sliding fee schedule that increases from 20% in equal increments up to the maximum of the amount that would have been paid for the same services by Medicaid.

For individuals with incomes between 251% and 300% FPG, BHMC collects no more than the greater amount that would have been paid for the same services by Medicaid.

BHMC may offer a discount to individuals with incomes above 300% FPG. The level of additional assistance would be dependent on how low their income is.

To be potentially eligible for additional financial assistance, a patient must be uninsured or have exhausted their health insurance benefits and must be deemed ineligible for any other government assistance program by the financial counseling office of the Hospital.

There is no resource test for financial aid eligible patients.

For Medicaid patients who receive Medicaid non-covered services, financial assistance recipients will be billed at a percentage of BHMC charges based on the financial aid discounting increments above. If the Medicaid rate is greater than BHMC's total charges for the service, the patient will be billed at the lower BHMC charge.

No further discounting will be made available to patients in these categories. A prompt pay discount at the request of the patient can be applied on a case-by-case basis with administrative approval, which will be identified as an administrative allowance.

BHMC shall take reasonable and appropriate measures to publicize this Policy to its patients and to the community that it serves.

The availability of financial assistance shall be conspicuously displayed at public locations within BHMC with signage. BHMC shall provide (1) paper copies of this Policy, (2) a plain-language summary of this Policy and (3) the Financial Aid Application for free upon request, both in public places in BHMC and by mail upon request.

BHMC has a 24-hour emergency department and will notify patients that financial assistance is available during the intake and registration process through the posting of conspicuous and language-appropriate information.

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In addition, BHMC shall post this Policy, a summary of this Policy and the Financial Aid Application on its website, www.brookdalehospital.org.

BHMC shall also provide information about the availability of a financial assistance program on all bills and statements sent to patients. BHMC shall include a written notice on patients' bills and statements at least 30 days prior to referring the account to collection.

Debt collection activities shall be prohibited from occurring in BHMC's emergency department or other BHMC venues where such activities could interfere with the treatment of emergency medical conditions without discrimination.

BHMC may require a deposit before providing non-emergent, medically necessary care, and the deposit will be included as part of any financial assistance consideration.

Installment Plans

BHMC offers installment plans for the payment of outstanding balances for patients approved for financial aid. BHMC does not mandate that the monthly installment payment arrangement exceed 10% of the applicant's gross monthly income or an interest rate that exceeds the rate for a 90-day security issued by the US Department of Treasury, plus 0.5%. There is no accelerator or similar clause under which a higher rate of interest is triggered when a patient misses making a payment.

Collections for Non-Payment

BHMC may take various actions to collect unpaid bills, including sending the bills to a collections agency.

BHMC shall require any collection agency engaged by BHMC to follow this Policy. BHMC requires outside contracted collections agencies to provide information to patients about the financial assistance programs when appropriate. Any accounts referred to collection for which a patient is applying for financial assistance will be referred back to BHMC for follow-up.

Contracted collections agencies must obtain BHMC written consent before commencing a

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legal action to collect a patient bill.

BHMC shall not force the sale or foreclosure of a patient's primary residence to collect on an outstanding bill.

Collection is prohibited against any patient who was eligible for Medicaid at the time services were rendered.

Patients with account balances deemed their responsibility may be subject to BHMC asserting a lien against any and all rights of action, suits, claims, counterclaims, demands or settlements of any nature that may be relating to or a result of personal injuries sustained prior to receiving treatment care and/or services at BHMC, pursuant to Section 189 of New York State Lien Law, and any other applicable laws, rules or regulations.

BHMC shall not engage in any extraordinary collection actions before it has made reasonable efforts to notify the individual of this Policy and to determine whether the individual is eligible for assistance under this Policy.

Such reasonable efforts shall include: (1) notifying the individual about this Policy; (2) in the case of an individual who submits an incomplete Financial Aid Application, providing the individual with information relevant to completing the Financial Aid Application; and (3) in the case of an individual who submits a complete Financial Aid Application, making and documenting a determination as to whether the individual is eligible for assistance under the Policy.

The Credit and Collections Department of BHMC has the final authority to determine whether BHMC has made reasonable efforts to assess whether an individual is eligible for assistance under this Policy and whether BHMC may therefore engage in collections against the individual.

This Policy is subject to review by the BHMC Corporate Compliance Department or designee at any time. This policy will be effective on the first of each year, unless otherwise stated for purposes of changes to fee schedules, Federal poverty guidelines and other adjustments to rates and fee changes.

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In addition, as a condition for participation in the Indigent Care Pools, BHMC will certify via attestation by an independent licensed public accountant that BHMC is in compliance with reporting laws.

State Reporting Requirements

The financial aid reports that BHMC submits to the state will include the following:

- BHMC costs incurred and the uncollected amounts in providing services to eligible patients without insurance, including the amount of care provided for a nominal payment amount.
- BHMC costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage.
- Number of patients, organized by zip code, who applied for financial assistance; the number of applications approved, and the number denied.
- Reimbursement received for indigent care from the Indigent Care Pool.
- Amount of funds that have been expended on charity care from charitable bequests made or trusts established for the purpose for providing financial assistance to patients who are eligible in accordance with the terms of such bequests or trusts.
- Number of applications for eligibility under Medicaid that BHMC assisted patients in completing and the number denied and approved.
- BHMC financial losses resulting from services provided under Medicaid.
- Number of liens placed on the primary residences of patients through the collections process used by BHMC.

V. REFERENCES:

- New York State Department of Health regulations and Section 501(r) of the Internal Revenue Code.
- Section § 2807-k (9-a)(e) of the New York Public Health Law.
- Section 189 of New York State Lien Law.

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VI. RESPONSIBILITY:

This policy will be reviewed bi-annually and more frequently as deemed necessary by the Chief Financial Officer, Chief Compliance Officer and the Board of Trustees.