



Financial Assistance Policy and Charity Care Policy	Section 2807-k(9-a) of the New York State Public Health Law
REVISED DATE: 9/11/2019, 09/20/2020, 02/10/2021, 11/09/2021, 04/26/2022, 07/06/2022, 03/13/2023, 05/02/2024, 12/17/2024	Administrative Approval: Revenue Cycle Committee Finance and Reimbursement Department Patient Financial Services Department Senior Management

I. Purpose

St. Barnabas Hospital (the “Hospital” or “SBH”) located in the Bronx is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, St. Barnabas Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial Assistance and the Charity Care Sliding Fee Scale are not considered to be a substitute for personal responsibility. Patients are expected to cooperate with St. Barnabas Hospital’s procedures for obtaining Financial Assistance / Charity Care or other forms of payment or financial assistance, 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.

In order to manage its resources responsibility and to allow St. Barnabas Hospital to provide the appropriate level of assistance to the greatest number of persons in need, SBH management established the following guidelines for the provision of patient financial assistance.

This policy is applicable to billing related to care provided by St. Barnabas Hospital and SBH Physicians, P.C. only. St. Barnabas Hospital contracts with a number of physician groups, such as anesthesiologists, and radiologists, to provide services at the hospital. These groups may have their own financial assistance policies and should be contacted directly for additional information. A listing of these groups and their contact information can be located at: <http://www.sbhny.org/financialservices/physician-practice-groups/> .

This Policy is intended to comply with the Financial Assistance policy requirement of Internal Revenue Code Section 501 (r) and Section 2807-k(9-a) of the New York Public Health Law. This Policy shall take effect immediately upon the later to occur of (a) October 20, 2024 .



II. Definitions

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

Financial Assistance: The discount offered by St. Barnabas Hospital to persons who cannot afford to pay for the care they received for Emergency Medical Care or other Medically Necessary Services pursuant to this policy.

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity Care results from a provider's policy to provide healthcare services at a discount to individuals who meet the established criteria.

Charity Care Sliding Fee Scale Discount: The discount offered by St. Barnabas Hospital to Uninsured persons who cannot afford to pay for the care they receive for Emergency Services and/or Medically Necessary Services.

Cost Sharing: The total amount owed by an Underinsured patient following the application of such patient's insurance coverage, including but not limited to, deductibles, copayments, coinsurance, and balance after insurance.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, 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.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings (*Examples: Current Pay Stubs, Written verification of wages from Employer, Bank Statement, Disability check*), unemployment compensation/letter, Workers' Compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, 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 family members may be considered (unrelated house-hold members do not count)

- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Self-Attestation;

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations or the patient has exhausted their health insurance benefits and can demonstrate an inability to pay full charges based on the eligibility criteria in this Policy

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket medical expenses accumulated in the past 12 months for medical expense that have exceeded 10% of the patient's annual gross income.

Dekay Trust Fund: A permanent restricted trust provided to the Hospital to assist, encourage and promote the well-being of men and women of culture or refined heritage who are in real need of financial assistance, particularly sick, old or disabled people who are not being otherwise care for.

III. Procedures

In order to manage resources responsibly and to allow St. Barnabas Hospital to provide the appropriate level of Financial Assistance to persons in need, the following procedures and guidelines are established for the provision of Financial Assistance.

A. Eligible Services

For purposes of this policy, "charity care" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services provided at St. Barnabas Hospital are eligible under the Financial Assistance / Charity Care policy:

1. Emergency Medical Care, including patients who present at St. Barnabas Hospital Emergency Department (including transfers under EMTALA), provided in an emergency room setting ; and
2. Medically Necessary Services.

Determinations regarding medical necessity are the responsibility of the healthcare professional providing the care, without regard to the ability to pay by the patient. St. Barnabas Hospital will not engage in any actions that discourage individuals from seeking Emergency Medical Care.

St. Barnabas Hospital provides Emergency Medical Care regardless of a patient's eligibility under this policy. St. Barnabas Hospital does not require emergency department patients to pay before receiving treatment for Emergency Medical Conditions nor does St. Barnabas Hospital permit debt collection activities in the Emergency Department or other areas when such activities could interfere with the provision of Emergency Medical Care on a non-discriminatory basis.

B. Eligibility for Financial Assistance

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Except for emergency services, patients must reside with the Hospital's primary service area for a particular service to be categorically eligible for Charity Care. SBH's primary service area is comprised of the following Bronx zip codes: 10451, 10453, 10454, 10455, 10457, 10458, 10459, 10460, and 10468. However, given that SBH operates a Level 2 Trauma center and offers high-demand programs such as a Mobile Mammography program, it serves the entire Bronx. Eligibility for Charity Care for non-emergent care for patients residing outside of the Hospital's primary service area will be determined on a case-by-case basis and requires Vice President approval.

C. Determination of Financial Need

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may

- a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
- b. May include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
- c. Include reasonable efforts by St. Barnabas Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs;
- d. Take into account all other financial resources available to the patient; and
- e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
- f. Provided regardless of residency/immigrant status.
- g. Acceptable Identification (license, social security card, passport, birth certificate, government assistance card, marriage certificate)

2. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle (patient has a minimum of 90 days from date of service). The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. St. Barnabas Hospital's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and St. Barnabas Hospital shall notify the patient or applicant in writing or in person within 30 days of receipt of a completed application.

D. Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for Charity Care, St. Barnabas Hospital could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the maximum discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined based on individual life circumstances that may include:

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 (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address;
8. Patient is deceased with no known estate;
9. Geographic locations based on zip code and census data;
10. Information from completed/partially completed charity care application.



E. Financial Assistance - Charity Care Guidelines

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (“FPL”) in effect at the time of the determination, as follows in accordance with the Charity Care and Financial Aid Policy – Federal Poverty Guidelines.

FPL guidelines in effect at the time of service:

1. Patient whose family income are at or below 400% of the FPL are eligible to receive a payment adjustment not to exceed the Department of Health defined nominal payment amount. See bullets 2 through 3 below
2. Patient whose family income is below 200% of the government poverty level will not be charged for applicable outpatient and inpatient services
3. Patient whose family income is from 200% to 300% of the government poverty level will be charged a sliding scale of 10% of what the Hospital’s Medicaid rate for applicable outpatient and inpatient services
4. Patients whose family income is from 301% to 400% of government poverty levels will be charged sliding-scale fees of 20% percent of what the Hospital’s Medicaid rate for outpatient and inpatient services

Family Size	200% FPL	300% FPL	400% FPL
1	\$30,120	\$45,180	\$60,240
2	\$40,880	\$61,320	\$81,760
3	\$51,640	\$77,460	\$103,280
4	\$62,400	\$93,600	\$124,800
5	\$73,160	\$109,740	\$146,320
6	\$83,920	\$125,880	\$167,840
7	\$94,680	\$142,020	\$189,360
8	\$105,440	\$158,160	\$210,880
9	\$116,200	\$174,300	\$232,400
10	\$126,960	\$190,440	\$253,920

Hospital Bill Component

Federal Poverty Level	Below 200% FPL	200% - 300% FPL	301% - 400% FPL
Inpatient Admission	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Ambulatory Surgery	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient Cardiac Cath. Lab	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient Electrophysiology	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient Endoscopy	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient MRI / CT Scan/Pet Scan	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient X-Ray / Ultrasound	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Emergency Room	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient Clinic / Wellness Ctr.	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Outpatient Mental Health	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Laboratory	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Cardiology (EKG, EEG, Stress Test)	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate
Dental Clinic	Waive all charges	10% avg. Medicaid rate	20% avg. Medicaid rate

Monthly payment plans for patient medical bills may not exceed 5% of the patient’s gross monthly income.

Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of St. Barnabas Hospital. These families may also be referred to the Dekay Fund or other financial assistance programs through the New York State Exchange Marketplace.

The Dekay Trust Fund: The Hospital maintains its portion of the restricted Helen Dekay Trust Fund which was established to assist, encourage and promote the well-being of men, women and children of the Bronx. The criteria with which the Trust income may be used was modified based on changes in the delivery of healthcare and in the demographics of the Hospital’s immediate and secondary catchment areas. JPMorgan as Trustee approved these changes in 2006. The objective is to identify those patients who may be eligible to access funds from the Dekay fund in exchange for healthcare services being rendered. The patients may come from a variety of cultural backgrounds that are employed and dedicated to the community, but may not be eligible for charity care or Medicaid and do not have the financial means to access other health insurance coverage. The application guidelines in order to meet this funding must include at least two of the following:

- Applicants must be uninsured / self-pay (non-Medicaid, non-Medicare, non-Commercial, etc.)
- Applicants must demonstrate a history of self-sufficiency (i.e. employment)



- Applicants must demonstrate minimal dependence on private charitable or government assistance
- Applicants must be from New York metropolitan area, including the five City boroughs, Fairfield County, CT; Rockland and Nassau counties, NY; Essex, Bergen, Hudson and Passaic Counties, NJ
- Applicants should demonstrate a history of volunteering or engaging in civic or cultural activities

Completed applications including supporting documents can be submitted to a Financial Counselor in the Patient Family and Service Center located in Room G-32, ground floor of the main hospital. Questions about the application and supporting documents can be answered by a Financial Counselor at (718) 960-6830 or (718) 960-6831,

Completed applications will be reviewed by the Credit and Patient Financial Services Department for final approval. St. Barnabas Hospital is trying to capture the population that does not qualify for Medicaid coverage and has medical expenses exceeding their current level of income. We are trying to alleviate their financial burden in an environment where healthcare and insurance costs are increasing each year.

F. Communication of the Access Best Care (“ABC”) Program to Patients and the Public

Notification about financial assistance available from St. Barnabas Hospital, which shall include a contact number, shall be disseminated by St. Barnabas Hospital by various means, which may include, but are not limited to, the publication of brochures and as a part of the Hospital’s Community Service Plan, notices in patient bills and by posting notices in conspicuous locations such as entrances and exits of the emergency department, ambulatory clinics, admitting and registration departments, hospital business offices, and patient financial services offices that are located on the hospital campus, and at other public places as St. Barnabas Hospital may elect. Information shall also be included on the hospital website and in the Conditions of Admission Form. Such information shall be provided in the primary languages spoken, other than English, spoken by the population serviced by St. Barnabas Hospital using the (conspicuous, noticeable, visible) public posting as promoted by the New York State Department of Health. Referral of patients for charity may be made by any member of the St. Barnabas Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws. For more information, contact our Financial Counselor at (718) 960-6830/6831 or go to the first floor in the Ambulatory Care Building at 4487 Third Avenue, across the street from the hospital or the Patient Family and Service Center at (718) 960-3812 in Room G-32, ground floor of the main hospital.

G. Collection Practices and Guidelines

St. Barnabas Hospital management developed procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from St. Barnabas Hospital, and a patient's good faith effort to comply with his or her payment agreements with St. Barnabas Hospital. For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, St. Barnabas Hospital may offer extended payment plans to eligible patients. For those outstanding balances with a minimum of \$100, the Collections Department has the authorization to offer and execute an installment plan. In conjunction with an installment plan and, in concert with the financial aid section of the public health law, the Hospital agrees to the following actions:

- Provide written communication at least 30 days before an account is sent to collection
- Require the collection agency to have the hospital's consent prior to starting legal action for collection
- SBH will not invoke an acceleration clause whereby the patient / borrower is required to
- Immediately pay off the outstanding balance under certain conditions
- SBH will not send unpaid bills to outside collection agencies
- SBH will cease all collection efforts if a patient is determined to be eligible for Medicaid or other insurance at the time services are rendered
- Monthly payments will not exceed 10% of the gross income provided by the patient
- No interest will be charged to the payment

The Hospital will undertake the following actions in working through Financial Assistance / Charity Care and / or insurance coverage applications with the patient:

- SBH will not impose wage garnishments
- SBH will not place liens on primary residences
- SBH will establish processes and set up monitoring controls that ensures all collection agencies and related vendors are compliant with financial assistance law and adhere to all components and prohibitive transactions put forth in this policy



H. Regulatory Requirements

In implementing this Policy, St. Barnabas Hospital management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

IRS Regulation 501r requires the hospital to calculate the Amount Generally Billed to patients who have insurance and to assure patients who qualify for the Financial Assistance Program are not charged more than the Amount Generally Billed to insurance plans for emergency or other medically necessary care. The Hospital will not charge a Financial Assistance Program eligible individual more than the Amount Generally Billed to insurance plans.

St. Barnabas Hospital uses the “Look Back Method” described by the IRS in the 501r regulations. This method compares the charges for claims processed by insurance companies and Medicare with the “amounts allowed” for those services. The “amounts allowed” means the portion that insurance and Medicare pay or allocate to the patient to pay.

The percentage is updated annually, based on activity provided through December 31st and compared to the Financial Assistance Policy and related calculations within 120 days. Percentages are available upon request.

I. Appeal Process

Every uninsured and underinsured patient has the right to personalized assistance in completing the Financial Assistance / Charity Care application process. St. Barnabas Hospital shall provide patients with a financial counselor who can provide assistance, in their language, or via qualified telephonic interpreters, through every phase of the Financial Assistance / Charity Care application process. Patients who wish to contest the Hospital’s decision regarding their financial assistance / charity care eligibility must submit a letter requesting reconsideration, the reason for the request, and all documentation in support of the request. The letter must be returned to St. Barnabas Hospital Credit Department. In the event that Financial Assistance / Charity Care assistance is denied due to ineligibility, the Hospital will assist with other financial assistance alternatives. Further, effective July 2014, the denial correspondence will include contact information for the New York State Department of Health. In the event a patient believes that the Hospital is not complying with patient financial aid rights, the denial letter will include the Department of Health hotline number at (800) 804-5447. To file a complaint in writing, the mailing address is:

New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA / DCS
Empire State Plaza
Albany, New York 12237