

Montefiore

THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: FINANCIAL AID POLICY

NUMBER: JF14.1

OWNER: Office of the President

**EFFECTIVE
DATE: 4/86**

**REVISED
DATE: 02/12/14**

SUPERSEDES:

REFERENCE:

PURPOSE:

Montefiore Medical Center (the Medical Center) is guided by a mission to provide high quality care for all of its patients. We are committed to serving all patients, including those in our service area who lack health insurance coverage and who cannot pay for all or part of the essential care they receive at the Medical Center. We are committed to treating all patients with compassion, from the bedside to the billing office, including our payment collection efforts. Furthermore, we are committed to advocating for expanded access to health care coverage for all New Yorkers.

The Medical Center is committed to maintaining financial aid policies that are consistent with its mission and values and that take into account an individual's ability to pay for medically necessary health care services.

POLICY GUIDELINES:

This policy is intended to cover the Medical Center's guidelines for administering financial aid services to patients requiring medically necessary treatment after exhausting all sources of insurance payment. Financial aid is provided to patients with a demonstrated inability to pay, as contrasted to an unwillingness to pay, which is considered bad debt. As required by Federal law, services that are furnished at Federally Qualified Health Center (FQHC) sites to patients whose incomes are less than or equal to 200% of the Federal Poverty Level (FPL) are subject to the Bronx Community Health Network (BCHN) sliding fee scale policy.

1. Financial aid shall be available to:
 - Uninsured patients residing in the Medical Center's primary service area receiving medically necessary services or emergency care (See Attachment A for Financial Aid Chart and Levels); and
 - Patients residing in the Medical Center's primary service area who exhaust their medical benefits.
 - Except for emergency services, patients must reside within the Medical Center's primary service area for a particular service to be categorically eligible for financial aid. The Medical Center's primary service area is New York State. Eligibility for financial aid for non-residents of New York State will be determined on a case-by-case basis.
 - Elective procedures and services that are not deemed medically necessary (e.g. cosmetic surgery) are not eligible for financial aid.
2. The Medical Center does not place a limit on services based on a patient's medical condition.
3. Financial aid offices are located in the Bronx at:
 - 111 East 210th Street (Room RS-001)
 - 600 East 233rd Street (Central Registration)
 - 1825 Eastchester Road (Admitting Office)
 - 2475 St. Raymond Avenue (Outpatient Registration)
4. Uninsured patients receiving services at the Medical Center's outpatient clinic locations can apply for financial aid at the time of clinic registration. Financial aid eligibility determinations at clinic registration will also apply to medically necessary ambulatory gastro-intestinal procedures. Clinic patients can also visit one of the financial aid offices above to begin or complete their applications.
5. Determination of eligibility for financial aid will be made as early in the care planning and scheduling process as possible. Counselors will assist any patients who require assistance with completing financial aid applications. Emergency services will never be delayed pending financial determinations. Patients can apply for financial aid prior to services or after receipt of a bill. Patients can also apply for financial aid after a bill has been sent to a collection agency. There is no deadline for completion of financial aid applications.
6. Financial aid approvals will be valid for one year. Patients will be re-evaluated for financial aid annually.
7. Patients or financially responsible parties are expected to cooperate with the Medical Center in applying for available public insurance coverage (e.g. Medicaid, Child Health Plus, and Family Health Plus) if deemed potentially eligible before final financial aid determinations are made.
8. Gross income tied to published FPL income guidelines adjusted for family size shall be used to determine eligibility for financial aid. Decisions are based on annual income only. Assets are not considered.
9. The Medical Center shall verify current income. Acceptable proof of income is as follows:
 - Unemployment statement

- Social Security/pension award letter
 - Pay stubs/employment verification letter
 - Letter of support
 - Attestation letter explaining income, support, and/or current financial situation if other proof of income is not available
10. Finance staff will be available to assist with financial aid consultations. Applications for financial aid will be reviewed and decided upon promptly and within 30 business days for non-emergency services. Patients have 30 days to appeal an initial financial aid decision. Patients will receive financial aid decisions via mail, with notification on the bottom of the approval/denial letter explaining how to appeal the decision. Patients are advised to disregard any bill received while an application is in process. Accounts for patients who have completed financial aid applications shall not be sent to collections while applications are in process.
11. Notice of the Medical Center's financial aid policies shall be communicated in writing to patients and local community service agencies. Written information describing the Medical Center's financial aid policies shall be available in both English and Spanish to any party seeking such information at the following locations:
- Admitting offices
 - Registration offices
 - www.montefiore.org
 - By mail upon request
 - The Call Center at 718-944-3800
 - Financial aid availability and office phone numbers are printed on the bottom of all hospital bills.
 - Signs are posted at entranceways in English and Spanish advising patients of the room locations for financial aid.

All intake, registration, and collection agency staff are trained on the Medical Center's financial aid policy. An in-service is provided to all areas with instructions on where to send patients who need assistance.

12. Patients may appeal the Medical Center's financial aid decisions if they are denied financial aid or deem a decision to be unfavorable. Patients appealing financial aid decisions must provide proof of current income and expenses. Patients have 30 days to complete appeals applications and will be notified of decisions via mail within 30 days of the submission of appeals applications. Based upon the information provided, patients may be evaluated for further reductions or extended payment plans.
13. Patients are offered payment plans if they are not able to make reduced payments in full. Monthly payments are not to exceed 10% of a patient's monthly income. Extended payment plans are also offered through the appeals process. If a patient makes a deposit, it is included as part of a payment towards his/her financial aid balance. The Medical Center does not charge interest on patient balances.
14. The Medical Center maintains a separate billing and collections policy.
15. Patients will receive a notice 30 days prior to any account being forwarded to a collection agency for failure to request or complete a financial aid application or to make payments based on a payment plan.

16. All collection agencies affiliated with the Medical Center must obtain the hospital's written consent before commencing legal action.
17. The Medical Center prohibits collections against any patient who is eligible for Medicaid at the time services are rendered.
18. All collection agencies affiliated with the Medical Center have a copy of the Medical Center's financial aid policy and will refer any patient needing assistance back to the Medical Center for evaluation and reduction of a bill based on annual income and family size.
19. The Financial Aid Office measures compliance with its policy by sending out its own "silent shoppers" to the intake and registration areas to ensure that signage and summaries are posted and available and that Associates are aware that the Medical Center offers financial aid.
20. Full financial aid will be granted to patients with outstanding self-pay bills and current Medicaid coverage.
21. Immigration status is not a criterion used to determine eligibility.
22. The Medical Center uses predictive analysis to assist in charity care determinations in the absence of completed financial aid applications. Such findings will not deem patients ineligible for financial assistance. If a patient completes a financial aid application with documentation demonstrating that his/her income is lower than the category determined using predictive analysis, the patient's financial responsibility will be further reduced to the lower amount.
23. The Medical Center's billing statements will advise patients if they have received a financial aid or self-pay discount.
24. Because the Medical Center's financial aid policy applies to patients up to 500% of FPL, patients receiving services at an FQHC site whose incomes exceeds 200% of FPL and who are therefore ineligible for the BCHN approved sliding fee scale discount may be evaluated for a financial aid discount at any one of the Medical Center's financial aid locations listed above.
25. The Medical Center does not use extraordinary collection measures prior to 120 days of the first billing statement. These extraordinary collection measures include:
 - Garnishing of wages
 - Reporting to credit agencies
 - Sale of debt
26. Patients with any complaints about the Medical Center's financial aid policy or process may call the New York State Department of Health Complaint Hotline at 1-800-804-5447. This information is also included on denial letters.
27. For uninsured individuals at or below 100% of FPL who are approved for financial aid, patient financial responsibility will be limited to the nominal payment amounts listed below for the following services (See Attachment A):
 - Inpatient – \$150/discharge
 - Ambulatory Surgery – \$150/procedure
 - Adult Emergency Room and Clinic Services – \$15/visit

- Prenatal and Pediatric Emergency Room and Clinic Services – no charge
28. For uninsured individuals at or below 300% of FPL who are approved for financial aid, patient financial responsibility will be based on a sliding fee scale capped at the amounts that would have been paid for the same services by Medicaid, Medicare, or the Medical Center's highest volume commercial payer (See Attachment A).
 29. The Medical Center's financial aid policy also extends to uninsured individuals between 300% and 500% of FPL who are approved for financial aid (See Attachment A).
 30. Uninsured individuals above 500% of FPL residing in the Medical Center's primary service area who receive medically necessary or emergency care are eligible for a courtesy discount (See Attachment A).

Any exceptions to the limits above shall be made on a case-by-case basis and require the approval of the Associate Vice President, Health Service Receivables; Vice President, Professional Services; or Vice President, Finance. In implementing this policy, the Medical Center's 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.

Attachment A: Financial Aid Chart and Levels

2014 FEDERAL POVERTY LEVEL -	GROSS INCOME CATEGORIES (Upper Limits)										
	1	2	3	4	5	6	7	9	10	11	12
Family Size	100%	125%	150%	175%	185%	200%	250%	300%	400%	500%	over 500%
1	\$11,670	\$14,588	\$17,505	\$20,423	\$21,590	\$23,340	\$29,175	\$35,010	\$46,680	\$58,350	
2	\$15,730	\$19,663	\$23,595	\$27,528	\$29,101	\$31,460	\$39,325	\$47,190	\$62,920	\$77,150	
3	\$19,790	\$24,738	\$29,685	\$34,633	\$36,612	\$39,580	\$49,475	\$59,370	\$79,160	\$98,950	
4	\$23,850	\$29,813	\$35,775	\$41,738	\$44,123	\$47,700	\$59,625	\$71,550	\$95,400	\$119,250	
5	\$27,910	\$34,888	\$41,865	\$48,843	\$51,634	\$55,820	\$69,775	\$83,730	\$111,640	\$139,550	
6	\$31,970	\$39,963	\$47,955	\$55,948	\$59,145	\$63,940	\$79,925	\$95,910	\$127,880	\$159,850	
7	\$36,030	\$45,038	\$54,045	\$63,053	\$66,656	\$72,060	\$90,075	\$108,090	\$144,120	\$180,150	
8	\$40,090	\$50,113	\$60,135	\$70,158	\$74,167	\$80,180	\$100,225	\$120,270	\$160,360	\$200,450	
For each additional person add.	\$4,060	\$5,075	\$6,090	\$7,105	\$7,511	\$8,120	\$10,150	\$12,180	\$16,240	\$20,300	

* Based on the 2014 Federal Poverty Levels

Emergency Room Visits:

- up to 100% of Federal Poverty Level -- \$15 for Adults and \$0 for Prenatal and Pediatrics
- up to 125% of Federal Poverty Level -- \$35
- up to 150% of Federal Poverty Level -- \$50
- up to 175% of Federal Poverty Level -- \$75
- up to 185% of Federal Poverty Level -- \$125
- up to 200% of Federal Poverty Level -- \$175
- up to 250% of Federal Poverty Level -- \$200
- up to 300% of the Federal Poverty Level -- \$250
- up to 500% of Federal Poverty Level -- \$550
- over 500% of Federal Poverty Level -- courtesy discount rate of \$950

Emergency Inpatient Admissions:

- up to 100% of Federal Poverty Level -- \$150 per discharge
- up to 125% of Federal Poverty Level -- \$300 per discharge
- up to 150% of Federal Poverty Level -- \$500 per discharge
- up to 175% of Federal Poverty Level -- 30% of Medicaid rate
- up to 185% of Federal Poverty Level -- 50% of Medicaid rate
- up to 200% of Federal Poverty Level -- 70% of Medicaid rate
- up to 250% of Federal Poverty Level -- 80% of Medicaid rate
- up to 300% of Federal Poverty Level -- 100% of Medicaid rate
- up to 500% of Federal Poverty Level -- 100% of Blue Cross PPO rate
- over 500% of Federal Poverty Level -- courtesy discount at 100% of Blue Cross indemnity rate

Clinic Visits (for Montefiore Practice Locations, Mental Health Clinic, Oncology Office, Renal, Laboratory, and Pathology):

- up to 100% of Federal Poverty Level -- \$15 for Adults and \$0 for Prenatal and Pediatrics
- up to 125% of Federal Poverty Level -- \$23
- up to 150% of Federal Poverty Level -- \$30
- up to 175% of Federal Poverty Level -- \$45
- up to 185% of Federal Poverty Level -- \$75
- up to 200% of Federal Poverty Level -- \$105
- up to 250% of Federal Poverty Level -- \$120
- up to 300% of Federal Poverty Level -- \$150
- up to 500% of Federal Poverty Level -- \$160
- over 500% of Federal Poverty Level -- courtesy discount rate of \$250

Medically Necessary Procedures – Ambulatory (excluding gastro-intestinal):

- up to 100% of Federal Poverty Level -- \$150 per procedure
- up to 125% of Federal Poverty Level -- \$225 per procedure
- up to 150% of Federal Poverty Level -- \$300 per procedure
- up to 175% of Federal Poverty Level -- \$450 per procedure
- up to 185% of Federal Poverty Level -- \$750 per procedure
- up to 200% of Federal Poverty Level -- \$1,050 per procedure
- up to 250% of Federal Poverty Level -- \$1,200 per procedure
- up to 300% of Federal Poverty Level -- \$1,500 per procedure
- up to 500% of Federal Poverty Level -- \$1,800 per procedure
- over 500% of Federal Poverty Level -- courtesy discount rate of \$4,500

Medically Necessary Procedures – Gastro-Intestinal:

- up to 100% of Federal Poverty Level -- \$100 per procedure
- up to 125% of Federal Poverty Level -- \$115 per procedure
- up to 150% of Federal Poverty Level -- \$150 per procedure
- up to 175% of Federal Poverty Level -- \$225 per procedure
- up to 185% of Federal Poverty Level -- \$375 per procedure
- up to 200% of Federal Poverty Level -- \$525 per procedure
- up to 250% of Federal Poverty Level -- \$600 per procedure
- up to 300% of Federal Poverty Level -- \$750 per procedure
- up to 500% of Federal Poverty Level -- \$800 per procedure
- over 500% of Federal Poverty Level -- courtesy discount rate of \$2,500

Medical Oncology Treatment Sessions:

- up to 100% of Federal Poverty Level -- \$150
- up to 125% of Federal Poverty Level -- \$225
- up to 150% of Federal Poverty Level -- \$300
- up to 175% of Federal Poverty Level -- \$450
- up to 185% of Federal Poverty Level -- \$750
-
- up to 200% of Federal Poverty Level -- \$1,050
- up to 250% of Federal Poverty Level -- \$1,200
- up to 300% of Federal Poverty Level -- \$1,500
- up to 500% of Federal Poverty Level -- \$1,900
- over 500% of Federal Poverty Level -- courtesy discount rate of \$3,300

Radiation Oncology Treatment Sessions:

- up to 100% of Federal Poverty Level -- \$60
- up to 125% of Federal Poverty Level -- \$90
- up to 150% of Federal Poverty Level -- \$120
- up to 175% of Federal Poverty Level -- \$180
- up to 185% of Federal Poverty Level -- \$300
-
- up to 200% of Federal Poverty Level -- \$420
- up to 250% of Federal Poverty Level -- \$480
- up to 300% of Federal Poverty Level -- \$600
- up to 500% of Federal Poverty Level -- \$850
- over 500% of Federal Poverty Level -- courtesy discount rate of \$2,800

Radiology – X-Ray:

- up to 100% of Federal Poverty Level -- \$15
- up to 125% of Federal Poverty Level -- \$15
- up to 150% of Federal Poverty Level -- \$15
- up to 175% of Federal Poverty Level -- \$15
- up to 185% of Federal Poverty Level -- \$15
-
- up to 200% of Federal Poverty Level -- \$15
- up to 250% of Federal Poverty Level -- \$15
- up to 300% of Federal Poverty Level -- \$15
- up to 500% of Federal Poverty Level -- \$50
- over 500% of Federal Poverty Level -- courtesy discount at 100% of Blue Cross Indemnity Rate

Radiology – Ultrasound:

- up to 100% of Federal Poverty Level -- \$15
- up to 125% of Federal Poverty Level -- \$20
- up to 150% of Federal Poverty Level -- \$25
- up to 175% of Federal Poverty Level -- \$30
- up to 185% of Federal Poverty Level -- \$35
-
- up to 200% of Federal Poverty Level -- \$40
- up to 250% of Federal Poverty Level -- \$45
- up to 300% of Federal Poverty Level -- \$50
- up to 500% of Federal Poverty Level -- \$100
- over 500% of Federal Poverty Level -- courtesy discount at 100% of Blue Cross Indemnity Rate

Radiology – Mammogram:

- up to 100% of Federal Poverty Level -- \$25
- up to 125% of Federal Poverty Level -- \$30
- up to 150% of Federal Poverty Level -- \$35
- up to 175% of Federal Poverty Level -- \$40
- up to 185% of Federal Poverty Level -- \$50
-
- up to 200% of Federal Poverty Level -- \$60
- up to 250% of Federal Poverty Level -- \$70
- up to 300% of Federal Poverty Level -- \$90
- up to 500% of Federal Poverty Level -- \$150
- over 500% of Federal Poverty Level -- courtesy discount at 100% of Blue Cross Indemnity Rate

Radiology – CAT Scan:

- up to 100% of Federal Poverty Level -- \$40
- up to 125% of Federal Poverty Level -- \$45
- up to 150% of Federal Poverty Level -- \$50
- up to 175% of Federal Poverty Level -- \$60
- up to 185% of Federal Poverty Level -- \$75
-
- up to 200% of Federal Poverty Level -- \$90
- up to 250% of Federal Poverty Level -- \$105
- up to 300% of Federal Poverty Level -- \$130
- up to 500% of Federal Poverty Level -- \$250
- over 500% of Federal Poverty Level -- courtesy discount at 100% of Blue Cross Indemnity Rate

Radiology – MRI:

- up to 100% of Federal Poverty Level -- \$150
- up to 125% of Federal Poverty Level -- \$175
- up to 150% of Federal Poverty Level -- \$200
- up to 175% of Federal Poverty Level -- \$250
- up to 185% of Federal Poverty Level -- \$300
- up to 200% of Federal Poverty Level -- \$350
- up to 250% of Federal Poverty Level -- \$400
- up to 300% of Federal Poverty Level -- \$500
- up to 500% of Federal Poverty Level -- \$700
- over 500% of Federal Poverty Level -- courtesy discount at 100% of Blue Cross Indemnity Rate

All amounts above include the New York State surcharge.

All unfavorable decisions or denied applications can be appealed within 30 days of decision.

Approved by: _____ Date: _____

Joel A. Perlman
Executive Vice President