

THE NEW YORK EYE AND EAR INFIRMARY CHARITY CARE POLICY FOR INFIRMARY SERVICES

Policy

All patients will have access to information regarding estimated or actual charges for Infirmary services, as well as the option to apply for government or Infirmary charity care programs based on financial need.

Statement of Purpose

The New York Eye and Ear Infirmary (NYEEI), an affiliated member of Continuum Health Partners, Inc., recognizes its role in helping those in need of financial assistance and has established a Charity Care Policy for Hospital Services (“the Policy”). Consistent with its mission, NYEEI is committed to assuring that ability to pay will be considered when settling amounts due for health care services. The objectives of the Policy are to:

- Maintain respect and compassion for our patients and their families;
- Assist patients in gaining access to government insurance programs;
- Provide clear information regarding the Policy;
- Ensure easy access to the Policy for all concerned parties;
- Consistently apply the Policy to all patients;
- Apply sound business practices with respect to collections for patient services; and
- Comply with all applicable laws, rules and regulations.

Scope

1. The Policy applies to Infirmary charges for inpatient elective and emergent/urgent care, ambulatory surgery, and to outpatient clinic and referred ambulatory services for all patients.
2. The Policy applies to:
 - Uninsured patients
 - Non-covered services (as determined by the patient’s third party payer benefits); and
 - Charges incurred after patients’ exhaustion of third party payer benefits.
3. The Policy excludes:
 - Professional service fees, including physician service fees (e.g., fees for anesthesiologist or radiologist);
 - Pharmacy prescriptions for discharged patients.
 - Discretionary charges, such as a private room or private duty nurses; and

- Other fees not charged directly by the Infirmary (e.g., television charges).
 - Sleep study services
 - Contact lens services
4. For inpatient and ambulatory surgery charges, the Infirmary will apply a means test and fee scale based on gross income (see Discount Table at the end of policy). The definitions are consistent with New York State Medicaid eligibility regulations.
 5. For all outpatient clinic services covered by this Policy, The Infirmary will provide a flat all-inclusive discounted rate (due to large outpatient visit volume, no asset test will be applied). Patients unable to pay the discounted rate will be referred to the Financial Counseling Office.
 6. The Discount Table may be adjusted from time to time in accordance with Federal Poverty Level updates and because of other special considerations.
 7. Where there is a package rate for specific services, that package rate will supersede the Policy.
 8. The Infirmary reserves the right to evaluate any patient's eligibility on a case-by-case basis, especially where complex medical, scientific or financial situations exist.

Access to Information

Patients will obtain information on Infirmary charges and eligibility for government or hospital programs primarily from the Financial Counseling Office (FCO), 212-979-4046. Patients will be alerted to the Policy by multi-lingual signage at points of patient service, information distributed in the admission package, The New York Eye and Ear Infirmary web site (www.nyee.edu) and responses to direct inquiries made to the Infirmary.

Procedure

1. For inpatient and ambulatory surgery services, a Financial Counselor will make best efforts to contact patients who appear to be uninsured prior to or during the service. It may also be necessary to contact patients after their hospital stay or ambulatory surgical procedure. For most other outpatient services, uninsured patients will be referred to the FCO by the patient service area. For services rendered to diagnose or treat an urgent medical condition, appropriate medical screening and stabilization services will be completed before a Financial Counselor seeks information concerning sources of payment. Neither a Financial Counselor nor FCO staff shall take any action that might inhibit the Infirmary's compliance with its obligations under the Emergency Medical Treatment and Labor Act ("EMTALA") and hospital policies on compliance with EMTALA.
2. All patients will be provided charge information for specific procedures upon request. In addition, the FCO will provide estimates of total charges with the cooperation of the patient's physician. In the absence of information from the patient's physician regarding anticipated treatment, the Director Financial

Counseling will supply standard hospital charge information to patients in addition to information regarding this Policy.

3. A Financial Counselor's responsibilities will include, but are not limited to the following:

Determine if the patient or responsible party has third party coverage.

- a) If there is no third party coverage, determine if the patient or responsible party is eligible for government insurance programs. If eligible, pursue the application, with the cooperation of the patient or responsible party, to final determination of eligibility/coverage made by the appropriate government agency.
 - b) If the patient or responsible party is deemed ineligible for government insurance programs, determine if the services provided to the patient are eligible for coverage by an existing endowment of the Infirmary. If eligible, pursue application to the applicable endowment, with the cooperation of the patient or responsible party, to final determination of eligibility/coverage made by the endowment administrator.
 - c) If the patient or responsible party is deemed ineligible for government insurance programs and endowments, explain the Infirmary's Financial Assistance Policy and payment options, provide information and request that the patient or responsible party complete a Financial Assistance Application ("the Application"). Applications will only be processed for non-residents of New York State after receiving proof of denial of out of state Medicaid benefits.
 - d) Determine financial assistance eligibility based on a completed Application. Where applicable, select an appropriate payment plan and execute a payment agreement with the patient or responsible party.
 - e) The Financial Counselor's immediate supervisor will review each Application and make a final determination on financial assistance eligibility and payment agreements.
4. Patients must provide the following documentation with each Financial Assistance Application:

- a) Proof of identity;
- b) Proof of address;
- c) Income verification:

Two bi-weekly or four weekly payroll stubs or a letter from the Social Security Administration, or the New York State Department of Labor regarding unemployment benefits. If the applicant is not working and receiving support, letter of support from individuals providing for patient's basic living needs.

- d) Proof of dependents;
- e) Proof of child support, alimony; and
- f) Proof of assets (three months of bank statements)

5. In most cases, determinations on eligibility for financial assistance will be made within 10 business days of receipt of a completed Application which includes all required supporting documentation. Where the FCO has found a patient eligible for financial assistance, an appropriate discount will be determined based on the Sliding Fee Scale Discount Table. The patient or responsible party will be notified in writing of eligibility determinations and, if eligible, asked to sign a payment agreement. A patient or responsible party who refuses to sign the payment agreement will not be eligible for a discount or payment plan.
6. Financial Assistance discounts provided to qualifying patients for inpatient or ambulatory surgery procedures will be valid for the single inpatient occasion of service or ambulatory surgery procedure referenced in the patient's approval letter. Discounts provided to qualifying patients for outpatient procedures will be valid until the end of the calendar year in which the discount was submitted. To receive a financial assistance discount on outpatient charges, patients must provide the original outpatient financial assistance approval letter prior to service, along with photo identification.
7. Patients who are eligible for financial assistance may be offered interest free payment plans, including:
 - a) extended payment plan with down payment of discounted charges up to 25% of patient or responsible party's household liquid assets, with the remaining balance to be paid in equal monthly installments of up to 10% of the patient or responsible party's monthly gross household income.

Each patient receiving an interest free payment plan will receive a written statement with the total amount due and the due dates or periods of payments scheduled to repay the balance. For prompt pay discounts, payment is due and payable within 30 days of billing, subject to normal collection procedures. In cases of extreme financial hardship, exceptions will be considered on a case-by-case basis.

8. New York State surcharge will be added to all amounts determined to be the patient's responsibility, as appropriate under the Health Care Reform Act.
9. A patient has the right to appeal decisions on eligibility for financial assistance within 30 days of notification of an eligibility determination from the Director Financial Counseling, based on the following criteria:
 - Incorrect information was provided;
OR
 - Changes in patient financial status occurred;
OR
 - Extenuating circumstances exist.

The Director of the FCO will decide appeals in cases where incorrect information was provided or where changes occur in a patient's financial status. For cases involving extenuating circumstances, final decisions on appeals will be made by the Chief Financial Officer. Appeals should be made in writing (or in person, by appointment) to the Director of the FCO at the following address:

NYEEI Office of Financial Counseling

310 East 14th Street New York, NY 10003

Tel. (212) 979-4745 / Fax. (212) 353-5738

212-979-4046/Medicaid Applications

The FCO will strive to make appeal decisions within 10 business days of receipt of a patient appeal (i.e., after receipt of letter or an in person appeal).

10. Patients are responsible for promptly reporting changes in financial status and contact information to the FCO if unable to comply with a signed payment agreement.
11. If a patient or responsible party defaults upon a financial agreement with the Infirmary after reasonable notice of non-payment, that financial agreement will become void, any remaining discounted balance will become due and the account in question will be considered delinquent. Furthermore, the Infirmary reserves the right to refer patient accounts to collection, where appropriate.
12. Collection agencies must follow the same guiding principles as outlined in the Policy and as are prudent, based on a patient's or responsible party's financial history and current financial situation. Before approving legal actions (e.g. liens or garnishments) the FCO will seek to determine whether a patient has the means to pay outstanding balances. The collection agency must present documentation to the FCO supporting such actions. The Infirmary will not authorize foreclosure on a patient or responsible party's primary residence.

Policy Administration & Maintenance

The FCO will collect and distribute information to the Chief Financial Officer regarding its Financial Assistance Policy on an annual basis. This information may include, but is not limited to:

- Number of cases referred to the FCO;
- Number of cases processed;
- Number of cases determined eligible for and referred to government insurance programs;
- Number of Financial Assistance Applications distributed by the FCO;
- Number of Applications received (complete and incomplete), accepted and rejected and reasons for rejection;
- Average time required to process applications;
- Number of signed agreements and dollar value of discounts provided;
- Collection statistics on signed agreements;
- Number of appeals made, accepted and rejected;
- Average time required to process appeals; and
- Information on financial assistance funding sources for discounts offered.

The Infirmary's board of directors will be provided annually with information regarding the implementation and progress of the Financial Assistance Policy.

New York Eye and Ear Infirmary 2010 Charity Care Guidelines

	< 100% FPL		101%-150% FPL		151% - 250% FPL		251%-300% FPL		> 300% FPL				
Household Size	Household Income		Household Income		Household Income		Household Income						
	100% Charity Care		95 % Charity care		75% Charity Care		50% Charity Care						
1 *	Less than	\$ 10,830.00	\$ 10,831.00	to	\$ 16,245.00	\$ 16,246.00	to	\$ 27,075.00	\$ 27,076.00	to	\$ 32,490.00	\$ 32,491.00	& above
2	Less than	\$ 14,570.00	\$ 14,571.00	to	\$ 21,855.00	\$ 21,856.00	to	\$ 36,425.00	\$ 36,426.00	to	\$ 43,710.00	\$ 43,711.00	& above
3	Less than	\$ 18,310.00	\$ 18,311.00	to	\$ 27,465.00	\$ 27,466.00	to	\$ 45,775.00	\$ 45,776.00	to	\$ 54,930.00	\$ 54,931.00	& above
4	Less than	\$ 22,050.00	\$ 22,051.00	to	\$ 33,075.00	\$ 33,076.00	to	\$ 55,125.00	\$ 55,126.00	to	\$ 66,150.00	\$ 66,151.00	& above
5	Less than	\$ 25,790.00	\$ 25,791.00	to	\$ 38,685.00	\$ 38,686.00	to	\$ 64,475.00	\$ 64,476.00	to	\$ 77,370.00	\$ 77,371.00	& above
6	Less than	\$ 29,530.00	\$ 29,531.00	to	\$ 44,295.00	\$ 44,296.00	to	\$ 73,825.00	\$ 73,826.00	to	\$ 88,590.00	\$ 88,591.00	& above
7	Less than	\$ 33,270.00	\$ 33,271.00	to	\$ 49,905.00	\$ 49,906.00	to	\$ 83,175.00	\$ 83,176.00	to	\$ 99,810.00	\$ 99,811.00	& above
8	Less than	\$ 37,010.00	\$ 37,011.00	to	\$ 55,515.00	\$ 55,516.00	to	\$ 92,525.00	\$ 92,526.00	to	\$ 111,030.00	\$ 111,031.00	& above
		100%			95%			75%			50%		0%
		Medicare											
Patient Responsibilities	0% of Medicare Rate		5% of Medicare Rate		25% of Medicare Rate		50% of Medicare Rate		100% of Gross Charges				

* From 2009 Federal Poverty Level (FPL) Guideline