


# POLICIES AND PROCEDURES

	<b>TITLE</b> FINANCIAL ASSISTANCE PROGRAM (f/k/a FINANCIAL AID NOTIFICATION TO PATIENTS)	<b>POLICY NUMBER</b> Finance 1.0
<b>REVISION DATES</b> 9/27/24, 10/15/24, 6/11/25 <b>REVIEW CYCLE</b> <input checked="" type="checkbox"/> 2 years <b>LAST REVIEW DATE:</b>	<b>CATEGORY</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Management <input checked="" type="checkbox"/> Regulatory	<b>EFFECTIVE DATE</b> 3/8/22
<b>LEVEL:</b> <input checked="" type="checkbox"/> System – Hospital/Clinic <input type="checkbox"/> Department:	<b>REPLACES</b>	

## I. PURPOSE

OBH One Brooklyn Health System (“One Brooklyn Health”) 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 New York State Department of Health (NYSDOH) Financial Aid Law under Public Health Law 2807-k General Hospital Indigent Care Pool section 9-a and under the terms and conditions set forth in this Financial Assistance Policy. OBH 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 impacted operational areas and members of the workforce of One Brooklyn Health and all its affiliated facilities and clinics for hospital inpatient, emergency department and outpatient service. This is not applicable to physician services performed by doctors not directly employed by One Brooklyn Health and its affiliates, including, but not limited to, employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or at One Brooklyn Health or any of its affiliates.

## III. DEFINITIONS

- A. Amount Generally Billed (“AGB”): the amounts generally billed for Emergency Medical Care or other Medically Necessary Services to individuals who have insurance covering such care, determined by multiplying the Gross Charges for the care by the AGB Percentage. AGB is calculated by One Brooklyn Health utilizing Medicaid rates on a “Look-Back” basis, as defined by Section 1.501(r)-5 of the Department of Treasury regulations, for all its Hospital Facilities and Clinics. AGB for services provided by physicians employed by One Brooklyn Health at One Brooklyn Health Hospital Facilities and Clinics is calculated based on a “Look-Back” basis utilizing Medicare rates.
- B. Emergency Medical Care: Health care services that a hospital or a physician exercising prudent clinical judgment, would provide to a patient exhibiting an Emergency Medical

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Condition, as defined by Section 1867 of the Social Security Act (42 U.S.C. 1395dd) (the Emergency Medical Treatment and Active Labor Act ("EMTALA")).

- C. Extraordinary Collection Action (ECA): Collections Actions that hospital facilities exempt under 501(c)(3) of the Internal Revenue Code may take to collect payment on a medical bill pursuant to Section 1.501(r)-6 of the Department of Treasury regulations. This may include actions that require a legal or judicial process, including but not limited to (a) commencing a civil action against an individual, (b) placing a lien on an individual's property other than a primary residence, and (c) attaching or seizing an individual's bank account or any other personal property.
- D. "Family" is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
- E. Family Income: Family Income as measured by One Brooklyn Health includes wages, salaries, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, net rents from property, net profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support 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 (but not unrelated household members) may be considered part of Family Income. Noncash benefits, such as food stamps and housing subsidies, are not considered income.
- F. "Federal poverty level" (FPL) is defined as a yearly measure of income that is used to determine a household's eligibility for certain benefits and programs. The FPL is the minimum income a family needs to cover necessities such as food, clothing, transportation and shelter. It is used to determine eligibility for programs such as Medicaid, CHIP, housing vouchers, premium tax credits and cost sharing reductions. The FPL is published by the Department of Health and Human services and is adjusted for inflation annually.
- G. Financial Assistance: The free or discounted care, advice and assistance in obtaining insurance coverage or payment, and guidance in accessing such care, provided to a patient for Emergency Medical Care or Medically Necessary Services pursuant to One Brooklyn Health's Financial Assistance Policy.
- H. Financial Assistance Application ("Application"): A uniform document setting forth information and documentation needed to assess a patient's Family Income. The Application may be completed by the patient or a representative for the patient, or by a One Brooklyn Health Certified Application Counselor on behalf of a patient.
- I. Hospital Facilities and Clinics: One Brooklyn Health hospital facilities and clinics listed in Appendix I
- J. Medically Necessary Services: Health care services that a physician or other licensed health

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care provider, exercising prudent clinical judgment, would provide to or order for a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

- K. Plain Language Summary: A written statement describing the Financial Assistance Policy in language that is clear, concise, and easy to understand with the aim that as much of it as practicable (given the topic and substance of the document) be drafted at a fifth grade reading level.
- L. Third-Party Payors: An entity, whether private or governmental, that provides reimbursement to One Brooklyn Health for health care items and services provided by One Brooklyn Health.
- M. Written Determination: One Brooklyn Health's written decision of a patient's Financial Assistance eligibility.
- N. "Income" is all gross income that one receives from any source and will be counted towards the income limit

#### IV. PROCEDURES

1. 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 OBH Language Assistance Department. Financial Assistance policy and information are also provided on the OBH website at [www.onebrooklynhealth.org](http://www.onebrooklynhealth.org)
2. 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 OBH's geographic area, and written off to the appropriate 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 400% of the Federal Poverty Guideline (FPG) are presumptively eligible for additional financial assistance. OBH may utilize the services of a third-party vendor to assist in eligibility determination.
3. Patients are eligible for the OBH Financial Assistance Program regardless of their immigration status or medical condition, except for not medically necessary or elective procedures, such as cosmetic services.
4. Insurance programs are offered to New York State residents who qualify. The OBH Financial Assistance Office will, on a case-by-case basis, evaluate assistance in extenuating

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circumstances (e.g., out-of-state residency) as requested by the patient and with Senior Administrative approval.

5. All medically necessary and therapeutically beneficial care services provided by OBH are covered by this Policy, including outpatient services, emergency care and inpatient admissions.
6. 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.
7. Charges from private doctors who provide services in OBH are not covered. Nursing Home care is not covered by this Policy.
8. Each patient seeking financial assistance must fill out OBH'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.
9. OBH provides application forms in the primary languages of patients served by OBH (in accordance with Section § 2807 k(9-a)(e) of the New York Public Health Law).
10. 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 what means of support the patient has.
11. If the patient cannot provide any of these documents the patient may still be able to apply for financial assistance.
12. OBH may utilize the services of a commercial credit-reporting service in connection with the evaluation of the patient's application.
13. Decisions regarding Financial Aid Applications shall be made by OBH within 30 days of receipt of a completed application.
14. 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 explain the process to re-evaluate denied applications, if, or when, an appeal is requested.
15. If a patient does not qualify for any government insurance programs yet fulfills the criteria outlined in this policy, they will be eligible to apply for financial assistance. The determination

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of eligibility for financial assistance will occur after the application is completed and will not be delayed pending a determination by Medicaid. Hospitals may require applicants to apply for, but may not require denial of benefits from Medicaid or any other public insurance plans prior to accepting and processing an application for financial aid

16. 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.
17. OBH permits patients to apply for financial assistance at any time.
18. 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 OBH.

**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**

19. The OBH Financial Investigations 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.
20. OBH provides financial assistance to patients that provide proof that their income is below 400% of the Federal Poverty Level ("FPL"). Patients with income below 400% FPL are presumed to be eligible for financial assistance.
21. The basis for calculating the amounts charged to patients eligible for financial assistance is outlined on APPENDIX II Guidelines for Uninsured Eligibility. In no event may OBH charge an individual eligible for financial assistance gross charges or more than the amounts generally billed to individuals who have insurance covering such care.
22. 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.
23. There is no resource test for financial aid eligible patients.
24. A patient's eligibility under the Federal Poverty Guidelines may be determined by reviewing the patient's family income.
25. For Medicaid patients who receive Medicaid non-covered services, financial assistance recipients will be billed at a percentage of OBH charges based on the financial aid discounting increments described in APPENDIX II Guidelines for Uninsured Eligibility . If the Medicaid rate

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is greater than OBH's total charges for the service, the patient will be billed at the lower OBH charge.

26. 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.
27. OBH shall take reasonable and appropriate measures to publicize this Policy to its patients and to the community that it serves.
28. The availability of financial assistance shall be conspicuously displayed at public locations within OBH with signage. OBH 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 OBH and by mail upon request.
29. Informed consent from a patient to provide any treatment, procedure, examination or other direct healthcare services shall be obtained separately from the patient's consent to pay for services.
30. OBH 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.
31. In addition, OBH shall post this Policy, a summary of this Policy and the Financial Aid Application on its website, [www.onebrooklynhealth.org](http://www.onebrooklynhealth.org).
32. OBH shall also provide information about the availability of a financial assistance program on all bills and statements sent to patients. OBH shall include a written notice on patients' bills and statements at least 30 days prior to referring the account to collection.
33. Debt collection activities shall be prohibited from occurring in OBH's emergency department or other OBH venues where such activities could interfere with the treatment of emergency medical conditions without discrimination.
34. OBH may require a deposit before providing non-emergent, medically necessary care, and the deposit will be included as part of any financial assistance consideration.
35. Installment Plans
  - a. OBH offers installment plans for the payment of outstanding balances for patients approved for
  - b. financial aid. Monthly installment payments may not exceed 5% of the applicant's gross monthly income. Interest rates on unpaid balances shall not exceed 2%. There is no accelerator or similar clause under which a higher rate of interest is triggered when a



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patient misses an installment payment.

### 36. Collections for Non-Payment

- a. Over a period of 3 years from the date of the first post-service bill, OBH may take various actions to collect unpaid bills, including sending the bills to a collection agency. OBH will not commence civil action against a patient or delegate a collection activity to a debt collector for non-payment for at least 180 days after the first post-service bill is issued and until OBH has made reasonable efforts to determine whether a patient qualifies for financial assistance. OBH and delegated debt collectors may not place liens against a debtor's primary residence and may not garnish wages in medical debt judgements.
- b. OBH shall require any collection agency engaged by OBH to follow this Policy. OBH 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 OBH for follow-up.
- c. OBH shall not force the sale or foreclosure of a patient's primary residence to collect on an outstanding bill.
- d. Collection is prohibited against any patient who was eligible for Medicaid at the time services were rendered.
- e. Patients with account balances deemed their responsibility may be subject to OBH 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 OBH, pursuant to Section 189 of New York State Lien Law, and any other applicable laws, rules, or regulations. OBH will not assert a lien against any debtor with income below 400% of the FPL.
- f. OBH 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.
- g. 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.
- h. The Credit and Collections Department of OBH has the final authority to determine whether OBH has made reasonable efforts to assess whether an individual is eligible for assistance

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under this Policy and whether OBH may therefore engage in collections against the individual. Any legal complaint related to the collection of medical debt must be accompanied by an affidavit from the OBH CFO confirming that based on a reasonable effort to determine the patient's income, the patient does not have an income below 400% of the FPL.

- i. Delegated debt collectors must obtain OBH written consent before commencing a legal action to collect a patient bill.
- j. Neither OBH nor delegated debt collectors shall report medical debt to a consumer credit reporting agency.

37. This Policy is subject to review by the OBH 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.

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

### 38. State Reporting Requirements

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

- a. OBH costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage.
- b. Number of patients, , who applied for financial assistance; including their age, race, ethnicity, gender and insurance status, the number of applications approved, and the number denied.
- c. Reimbursement received for indigent care from the Indigent Care Pool.
- d. 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.
- e. Number of applications for eligibility under Medicaid that OBH assisted patients in completing and the number denied and approved.
- f. OBH financial losses resulting from services provided under Medicaid.
- g. Number of liens placed on the primary residences of patients through the collections process used by OBH.

## V. **STAFF EDUCATION/ TRAINING**

- A. OBH and its affiliated Member Hospitals will ensure that all personnel who interact with patients or facilitating the application for services covered by this Policy will receive a copy and are trained on the procedures related to the Financial Assistance Program.
- B. The OBH Revenue Cycle Department offers training on insurance and registration to staff



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members responsible for engaging with patients or assisting in the financial assistance application process. Any further inquiries of the policy by the staff should be directed to the Financial Investigations Department

## VI. APPENDIXES

APPENDIX I: Listing of One Brooklyn Health Facilities and Clinics

APPENDIX II: Guidelines for Uninsured Eligibility

## VII. RESPONSIBILITY

This policy will be reviewed every two years and more frequently as deemed necessary by the Chief Financial Officer and Chief Compliance Officer.

## VIII. REFERENCES

- New York State Department of Health (NYSDOH) Financial Aid Law under Public Health Law 2807-k General Hospital Indigent Care Pool section 9-a
- New York State Department of Health regulations and Section 501(r) of the Internal Revenue Code.
- Section 189 of New York State Lien Law.

Financial Assistance Program  
APPENDIX I: Listing of One Brooklyn Health Facilities and Clinics

Effective Date 10/01/2024

Provider Name:	Provider Location:
<b>Interfaith Medical Center</b>	
Interfaith Medical Center (Main Campus)	1545 Atlantic Ave, Brooklyn, NY 11213
Interfaith Medical Center (Psychiatry Inpatient Services)	1545 Atlantic Ave, Brooklyn, NY 11213
Interfaith Medical Center -Bishop Orris G. Walker Jr. Health Care Center	528 Prospect Place Brooklyn, NY 11238
Integrated HIV and Primary Care Services	880 Bergen Street, Brooklyn, NY 11238
Methadone Maintenance Treatment Program	882 Bergen Street, Brooklyn, NY 11238
Behavioral Health Program For Adults	1038 Broadway Brooklyn, NY 11221
Interfaith Medical Center – Dental Main Campus	1545 Atlantic Ave, Brooklyn, NY 11213
Interfaith Medical Center – Department of Dental Medicine	1536 Bedford Avenue Brooklyn, NY 11216
<b>Kingsbrook Jewish Medical Center</b>	
Kingsbrook Jewish Medical Center –Hospital	585 Schenectady Ave Brooklyn, NY 11203

Kingsbrook Jewish Medical Center –Dialysis	585 Schenectady Ave Brooklyn, NY 11203
Kingsbrook Jewish Medical Center –Dialysis Center	585 Schenectady Ave Brooklyn, NY 11203
Kingsbrook Jewish Medical Center –Psychiatric	585 Schenectady Ave Brooklyn, NY 11203
Kingsbrook Jewish Medical Center – Rehab Therapy	585 Schenectady Ave Brooklyn, NY 11203
Kingsbrook Jewish Medical Center – Pierre Toussaint Family Health Care Center	1110 Eastern Parkway Brooklyn, NY 11213
<b>Brookdale University Hospital</b>	
Brookdale University Hospital (General Acute Care)	One Brookdale Plaza                      Brooklyn, NY 11212
Brookdale University Hospital (Psychiatric Unit)	One Brookdale Plaza                      Brooklyn, NY 11212
Brookdale University Hospital (Dialysis Unit)	One Brookdale Plaza                      Brooklyn, NY 11212
Brookdale Family Care Center	1110 Pennsylvania Ave                      Brooklyn, NY 11207
Brookdale Urgent Care and Family Care	1235 Linden Blvd                      Brooklyn, NY 11212
Brookdale Hospital Medical Center (Physician Billing)	One Brookdale Plaza                      Brooklyn, NY 11212
Brookdale Family Care Center Inc. (BFFCC)	2554 Linden Blvd                      Brooklyn, NY 11208

Brookdale Family Care Center Inc. (BFFCC)	1095 Flatbush Ave	Brooklyn, NY 11226
Brookdale Family Care Center Inc. (BFFCC)	465 New Lots Ave	Brooklyn, NY 11207
Urban Strategy/Brookdale Family Care Center(BFCC)	1873 Eastern Parkway	Brooklyn, NY 11233
Schulman & Schacne Institute for Nursing & RehabilitationN (SNF)	555 Rockaway Parkway	Brooklyn, NY 11212
Schulman & Schacne Institute for Nursing & RehabilitationN (SNF)	555 Rockaway Parkway	Brooklyn, NY 11212

Financial Assistance Program  
APPENDIX II: Guidelines for Uninsured Eligibility

Effective Date 10/20/2024

Eligibility for medical cost share is based on either at or below 400% of FPL or medical cost share exceeding 10% of gross income in the past 12 months; total medical cost share accrued from all providers.

For individuals whose incomes are at or below 200% FPG, OBH shall waive all charges

For individuals with incomes between 201% and 300% FPG, OBH collects no more than a proportional sliding fee schedule that increases from the nominal payment amount up to 10% of the amount that would have been paid for the same services by Medicaid depending on the service.

For individuals with incomes between 301% and 400% FPG, OBH collects no more than a 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.

OBH may offer a discount to individuals with incomes above 400% FPG. The level of assistance would be dependent on medical cost share as a percent of gross income in the past 12 months accrued from all providers or total gross income as a percent of FPL.