MAIMONIDES MEDICAL CENTER

CODE: FIN-29 (REVISED)
DATE: APRIL 21, 2009
ORIGINALLY ISSUED: May 26, 2005

SUBJECT: OUTPATIENT MENTAL HEALTH SERVICES FINANCIAL ASSISTANCE POLICY

I. POLICY

A. Maimonides Medical Center ("Maimonides") strives to provide high quality health care services to every patient who comes to one of our facilities, regardless of ability to pay. This Policy implements Maimonides’ financial assistance program for outpatient mental health services, through which low income patients may access medically necessary outpatient mental health services at reduced rates.

B. This Policy applies to outpatient mental health services provided to eligible patients. Fees for inpatient psychiatric services, related ancillary services and other medical services are established by Policy FIN-28, “Financial Assistance and Self Pay Policy.”

C. Eligible patients under this Policy include low-income patients residing in the five boroughs of New York City (Kings, New York, Queens, Richmond and Bronx counties) who are uninsured or have exhausted their health insurance benefits. Financial criteria for eligibility is described further below and in the attached sliding scale fee schedule. Patients with incomes below 300% of the Federal Poverty level are presumptively eligible Financial assistance may be made available, as determined on a case-by-case basis, for patients who have insurance that does not cover the full cost of their services (i.e., are “underinsured”) or do not meet the financial eligibility criteria but face extraordinary medical costs.

D. Patients will be informed of Maimonides’ Outpatient Mental Health Services Financial Assistance Policy (this “Policy”) by multi-lingual signage; a summary of the Policy available at points of patient service (the “Summary Brochure”); information distributed during the intake and registration process; the Maimonides Medical Center web site (www.maimonidesmed.org); information on bills and statements sent to patients; and responses to direct inquiries made to Maimonides Medical Center. The written information described above will be available in multiple languages.

The Summary Brochure will include specific information as to the income levels used to determine eligibility for assistance, a description of the residency requirements for eligibility and the process for applying for assistance. The signage, information distributed during the intake and registration process and bills and statements sent to patients will state that financial aid may be available to qualified patients and describe how patients may obtain further information.

Patients with specific inquiries about financial assistance will be provided with the Summary Brochure, informed of the related information on the Maimonides Medical Center website, and referred to a Cashier/Registrar.
E. All provisions of this policy are also applicable to the mental retardation and developmental disabilities services rendered at Maimonides’ Developmental Center. The procedures are similar, except that for the purposes of this policy:
  • the Financial Investigator at the Developmental Center performs the functions of the Cashier/Registrars and Administrative Coordinator / Coordinator of Patient Accounts performs the functions of the Director, Financial Operations (Psychiatry).
  • the Director, Developmental Center performs the functions of the Administrator of Psychiatry.

F. As a condition of eligibility, patients [and for patients who are minors, their parent(s) and / or legal guardian(s)] must provide the necessary documentation to determine eligibility for publicly sponsored insurance programs and / or the financial assistance application and otherwise cooperate fully with the staff assisting them in the respective application processes.

G. To the extent that patients are eligible for a publicly sponsored insurance program [e.g.: Medicaid, Family Health Plus (“FHP”) Child Health Plus, (“CHP”) Prenatal Care Assistance Program], patients must utilize that program for coverage of their treatment rather than the Maimonides financial assistance program.

H. Patients with HMO or commercial insurance that is not accepted at Maimonides are not eligible for financial assistance, unless the patient has exhausted their insurance benefits.

I. Financial assistance may be made available, as determined on a case-by-case basis, for copayments and deductibles.

J. The following are not covered under this Policy:
  • Items that are not medically necessary;
  • Items without clinical or therapeutic benefit; and
  • Services not billed by Maimonides (i.e., anesthesia services and professional services by physicians).

II. **RESPONSIBILITY**

A. *Cashier/Registrars* are responsible for obtaining Application Forms, and proof of income from patients.

B. The *Director, Financial Operations (Psychiatry)* will review the application and set the appropriate fee.

C. The *Administrator of Psychiatry* will be responsible for reviewing any written appeals of the decisions of the *Director, Financial Operations (Psychiatry)*.
III. PROCEDURES

1. General Application Procedures

A. When an individual requests financial assistance, he or she will be referred to a Cashier/Registrar for screening. The Cashier/Registrar will:

1. Discuss various alternatives available to the patient [e.g.: publicly sponsored insurance programs, installment payment arrangements, discounted rates, sliding scales, free care] based on the information received.

2. In appropriate circumstances:
   (a) complete a Medicaid application and submit it to the Local Department of Social Services on behalf of the patient; or
   (b) refer the patient to the appropriate local Medicaid office to complete a FHP or CHP application.

3. Assess whether the patient may be eligible for additional discounts or funding that may be available through special grants or programs at Maimonides separate from this Policy.

4. If appropriate, provide a financial assistance application for the applicant to complete. Upon request, the Cashier/Registrar will provide assistance to patients on understanding the financial assistance policies and complete the application on their behalf during a face to face interview upon request.

B. The application forms will be printed in the primary languages of the patients served by Maimonides. In addition, translation services will be available to all patients needing such services to access financial assistance at Maimonides. Staff will access translation services in accordance with AD-120 Translation and Interpreter Services.

C. The application forms will include a notice to patients that upon submission of a completed application, including any information or documentation needed to determine the patient’s eligibility under the Policy, the patient may disregard any bills until Maimonides has rendered a decision on the application.

D. Patients are permitted to apply for financial assistance within ninety (90) days of the date of service for which financial assistance is sought. Patients have an additional 20 days to submit a completed application in the event that the initial application is incomplete. Requests to waive these requirements may be directed to the Director, Financial Operations (Psychiatry) for review. For the Developmental Center these requests may be directed to the Director, Developmental Center.

E. Patients will be ineligible for financial assistance if they [or for patients who are minors, their parent(s) and / or legal guardian(s)] provide false information during the application process.
2. **Determination of Eligibility for Financial Assistance**

A. As described in more detail below, eligibility shall be determined based on the following information:

- Residence;
- Annual, pre-tax income;
- Family size.

Information provided in the patient's application for a publicly sponsored insurance program will be used to obtain this data. If no such application has been made or is available, the necessary information for determinations of financial assistance eligibility must be provided by the patient. If any required information is missing, patients will be advised in person, by phone or by mail of the missing information.

B. A Cashier/Registrar will accept the completed application and supporting documentation from the patient and forward it to the Director, Financial Operations (Psychiatry) who will set the appropriate fee based on the established criteria (described below and set forth in the current sliding fee scale in the Attachment to this Policy) and accomplish this calculation by completing the Fee Determination Worksheet.

C. The criteria for determining the fee shall include an analysis of the patient's "Family Size" and "Income" using the current sliding fee scale.

- **Family Size.** If the patient is an adult, the patient's family size is calculated by adding the patient, the patient's spouse (if any and if he/she resides with the patient) and any dependents of the patient or the patient's spouse. If the patient is a child, the patient's family size is calculated by adding the patient, the patient's parent(s) and / or legal guardian(s) with which the patient resides, and any dependents of the patient's parent(s) and / or legal guardian(s) with which the patient resides (other than the patient). A pregnant woman is counted as two family members.

- **Annual Pre-Tax Income.** If the patient is an adult, the family’s annual pre-tax income is the sum of the patient’s and the patient’s spouse’s (if any and if he/she resides with the patient) income. If the patient is a minor, the family’s annual pre-tax income is the income of the patient’s parent(s) and / or legal guardian(s) with which the patient resides.

- **Annual, pre-tax income** will be the total of the following sources of income:

  1. **Salary / Wages Before Deductions.** If the patient has not filed an application for a publicly sponsored insurance program or no such application is available, the patient must provide pay stubs from the previous four weeks, which will be used to extrapolate the patient’s salary/wages for the current calendar year.
2. Public Assistance.
4. Unemployment & Workmen's Compensation.
5. Veteran's Benefit.
7. Other Monetary Support.
8. Pension Payments.
9. Insurance or Annuity Payments.
10. Dividends / Interest.
11. Rental Income.
12. Net Business Income (if self-employed, it must be verified by an independent source).
13. Other (strike benefits, training stipends, military family allotments, income from estates and trusts).

Source of income should be calculated by adding amounts actually received, as opposed to those amounts that the individual may be entitled to but are not being paid to him or her (e.g., when the ex-spouse of a patient fails to pay child support, insurance or pension payments are in dispute).

The completed documentation, including a completed application and all supporting documents, is to be submitted by the Cashier/Registrar to the Director, Financial Operations (Psychiatry).

The Director, Financial Operations (Psychiatry) will review all documents and set the appropriate fee within 10 business days of receipt of the completed application and will advise the Cashier/Registrar of this fee. Written notification of the fee will be mailed or given to the patient within 5 days of the Cashier/Registrar's receipt of the Director, Financial Operations (Psychiatry)'s decision.

3. Process for Review of Applications and Appeals

A. If the financial assistance application has been denied, the written notice shall describe how to appeal the denial. In cases where a face to face interview is conducted, the patients are informed immediately of approval of application and the amount of discount the patient will receive or of denial of the application. In such cases the written notice is also mailed to the patient’s home. All documentation including the application and related back-up material will be kept on file by the Director or her designee.

B. The decisions of the Director, Financial Operations (Psychiatry) may be appealed in writing or in person, by appointment, to the Administrator of Psychiatry. Written appeals should be mailed to:

Administrator of Psychiatry or Director, Developmental Center
Maimonides Medical Center
4802 Tenth Avenue
Brooklyn, N.Y. 11219

Maimonides Medical Center
745 64th Street
Brooklyn, NY 11220
C. The Administrator of Psychiatry will review appeals and either recommend reconsideration of the request by the Manager or disapprove it. If the appeal request is recommended for reconsideration, the Administrator will consult with the Manager and the resultant decision will be final. The Administrator will strive to make appeal decisions within 10 business days of receipt of a patient appeal [i.e.: after receipt of a letter or an in person appeal]. The Manager will inform the Cashier/Registrar and the patient, in writing, as to the appropriate fee, and if the request is disapproved, the Administrator will advise the Manager and the patient of the disapproval.

D. The applicable fee will be valid until April 15 of every year, upon which date a patient must re-apply.

E. Cashier/Registrars will not process visit receipts at less than full charge until a reduced fee is set according to the Policy.

F. Upon request, patients receiving financial assistance will be given an opportunity to obtain an installment payment arrangement interest free. The monthly payment will not be greater than 10% of the patient’s gross monthly income. No interest will be charged on the unpaid balance even in the event a payment is missed.

IV. FAIR BILLING AND COLLECTIONS PRACTICES

A. Maimonides Medical Center is committed to fair billing and collection practices. A patient account will not be sent to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, for the time that Maimonides is considering the application. A patient will be provided with 30 days written notice on the patient’s bill before his or her debts are referred to collection.

B. Once an account is in collection, Maimonides and/or its employees, representatives or contractors are not permitted to:

- Freeze a debtor’s bank account;
- Garnish a debtor’s payroll check, unless authorized by the Director or Vice President of Patient Accounts or EPS or Director, Developmental Center for Developmental Center patients;
- Seek civil arrests of debtors;
- Seek a forced sale or foreclosure of a primary residence; or
- Pursue any action which would cause or prevent a debtor from paying their normal monthly rent, utility or food expenses.

Contracts with all collection agents of Maimonides will require the agency to (a) follow this Policy including providing information to patients on how to apply for financial assistance where appropriate and (b) obtain the Maimonides’ written consent prior to commencing a legal action.

C. Collections are not permitted from a patient who is determined to be eligible for Medicaid at the time services were rendered when Medicaid payment is available for those services.
V. CONTROLS

A. All staff who interact with patients or have responsibility for billing and collections will receive a copy of this Policy and will be trained on the appropriate procedure for the financial assistance program. Staff will also be periodically informed of additional discounts or funding that may be available through special grants or programs separate from the general financial assistance program. Any further inquiries by staff on this Policy should be directed to the Director, Financial Operations (Psychiatry) at 718 283-8144.

B. The Director, Financial Operations (Psychiatry) will periodically review patient master records and accounts for adherence to the financial assistance protocol set in this Policy.

C. The Vice President, Psychiatry & Community Services will direct the appropriate Department Heads to revise the financial assistance protocol set in this Policy as changes are approved or mandated by regulatory agencies.

Pamela S. Brier
President & CEO

REFERENCE

:Financial Assistance And Self-Pay Policy FIN-28

PHL 2807-k(9 and 9-a)

Dear Administrator Letter dated February 15, 2007

INDEX

:Financial Assistance

ORIGINATING DEPARTMENT :Psychiatry

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### Psychiatry Financial Assistance Programs

**Sliding Scale Fee Chart 2009**

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*Patients in this category are eligible for Medicaid; if they are not on Medicaid, they should ask for assistance in applying.*

**The Asst. V.P. for Psychiatry may apply additional consideration in circumstances involving multiple Rx or lab tests.**

**Patients eligible for Medicare Part D are not eligible for Rx discount.**

***For each additional family member, add $2,016 to the base number.***

All patients must pay the indicated rates.

*In individual cases where the patient indicates a special hardship in paying, their completed application and documentation should be referred to the Asst. V.P. for Psychiatry or his designee.*
MAIMONIDES MEDICAL CENTER

CODE: FIN-28 (REVISED)
DATE: April 21, 2009
ORIGINALLY ISSUED: March 21, 2005

SUBJECT: FINANCIAL ASSISTANCE AND SELF-PAY POLICY

I. POLICY

Maimonides Medical Center ("Maimonides" or the "Hospital") strives to provide high quality health care services to every patient who comes to one of our facilities, regardless of ability to pay. This Policy implements Maimonides’ financial assistance program, through which low-income patients residing in the five boroughs of New York City (Kings, New York, Queens, Richmond and Bronx counties) may access medically necessary care at reduced rates.

II. ACCESS TO INFORMATION

Patients will be informed of Maimonides’ Financial Assistance and Self Pay Policy (this "Policy") by multi-lingual signage; a summary of the Policy available at points of patient service (the "Summary Brochure"); information distributed during the intake and registration process; the Maimonides Medical Center website (www.maimonidesmed.org); information on bills and statements sent to patients; and responses to direct inquiries made to Maimonides Medical Center. The written information described above will be available in multiple languages.

The Summary Brochure will include specific information as to the income levels used to determine eligibility for assistance, a description of the residency requirements for eligibility and the process for applying for assistance. The signage, information distributed during the intake and registration process and bills and statements sent to patients will state that financial aid may be available to qualified patients and describe how patients may obtain further information.

Patients with specific inquiries about financial assistance will be provided with the Summary Brochure, informed of the related information on the Maimonides Medical Center website, and referred to a Financial Counselor.

III. FINANCIAL ASSISTANCE

A. Eligibility

For non-emergency services, low income residents of the five boroughs of New York City (Kings, New York, Queens, Richmond and Bronx counties) who are uninsured or who have exhausted their health insurance
benefits are eligible for financial assistance. For emergency services, low income residents of New York State who are uninsured or who have exhausted their health insurance benefits are eligible.

Financial criteria for eligibility is described further below and in Attachments A and B. Patients with incomes below 300% of the Federal Poverty level are presumptively eligible. An additional condition of eligibility is that patients (and for patients who are minors, their parent/s and/or legal guardian/s) provide the necessary documentation for the financial assistance application and otherwise cooperate fully with the staff helping them in the process.

To the extent that patients are eligible for a publicly sponsored insurance program (e.g., Medicaid, Family Health Plus (“FHP”), Child Health Plus (“CHP”), Prenatal Care Assistance Program), patients must utilize that program for coverage of their treatment rather than the Maimonides financial assistance program. Patients seeking financial assistance (and for patients who are minors, their parent/s and/or legal guardian/s) must provide all information and documentation requested to determine eligibility for a publicly sponsored insurance program to the Hospital. Once a patient has applied for coverage under a publicly sponsored insurance program, he or she will be eligible for financial assistance from Maimonides up to the date on which the patient is deemed to be covered by the other program, as long as he or she is otherwise eligible for financial assistance.

Financial assistance may be made available, as determined on a case-by-case basis, for patients who do not meet the financial eligibility criteria but face extraordinary medical costs. Requests for financial assistance in these circumstances will be directed to the Financial Services Department at (718) 233-7790.

Patients with HMO/commercial insurance that is not accepted at Maimonides Medical Center are not eligible for financial assistance, unless the patient has exhausted their insurance benefits.

Patients will be ineligible for financial assistance if the Financial Services Department determines that false information was provided by the patient (or for patients who are minors, their parent/s and/or legal guardian/s) during the application process.

B. Covered Services
Maimonides' financial assistance program covers medically necessary services at Maimonides Medical Center. Medicare guidelines are used to determine whether services are medically necessary. Ancillary services ordered in connection with clinic visits will be charged at the sliding scale percentage rate that corresponds to that clinic visit.

The following are not covered under this Policy:

- Items that are not medically necessary (e.g., cosmetic procedures);
- Items without clinical or therapeutic benefit (e.g., telephones, televisions and private room differential charges);
- Services not billed by the Hospital (e.g., anesthesia services and professional services by physicians and independent contractors, such as private duty nurses, home care services, and ambulette services); and
- Copayments and deductibles.

Patients who qualified for emergency Medicaid as inpatients at Maimonides are eligible for one post-operative clinic visit without charge and any related ancillary services within 90 days of the surgery, and are not required to complete the documentation request to be eligible for that visit.

Patients who are seen in the Emergency Room but who are not admitted as inpatients are eligible for one follow-up clinic visit without charge for the specific condition which brought them to the Emergency Room, and are not required to complete the documentation requests to be eligible for that visit.

Outpatient mental health services are covered under FIN-29, "Outpatient Mental Health Services Financial Assistance Policy," and not under this Policy. Inpatient mental health services and related ancillary services are covered under this Policy.

C. General Application Procedures

Each individual requesting financial assistance will be referred to a Financial Counselor for screening. The Financial Counselor will:

1. Discuss various alternatives available to the patient (e.g., publicly sponsored insurance programs, payment arrangements, discounted rates, sliding scales, free care) based on the information received.
2. In appropriate circumstances, (a) complete a Medicaid application and submit it to the Local Department of Social Services on behalf of the patient; or (b) refer the patient to the appropriate local Medicaid office to complete a FHP or CHP application.

3. Assess whether the patient may be eligible for additional discounts or funding that may be available through special grants or programs at Maimonides Medical Center separate from the general financial assistance program.

4. If appropriate, provide a financial assistance application for the applicant to complete. Upon request, the Financial Counselor will provide assistance to patients on understanding the financial assistance policies and complete the application on their behalf during a face to face interview upon request.

The application forms will be printed in the primary languages of the patients served by the Hospital. In addition, translation services will be available to all patients needing such services to access financial assistance at the Hospital. Staff will access translation services in accordance with AD-120 Translation and Interpreter Services.

The application forms will include a notice to patients that upon submission of a completed application, including any information or documentation needed to determine the patient’s eligibility under the Policy, the patient may disregard any bills until the hospital has rendered a decision on the application.

Patients are permitted to apply for financial assistance within ninety (90) days of the date of service for which financial assistance is sought. Patients have an additional 20 days to submit a completed application in the event that the initial application is incomplete. Requests to waive these requirements may be directed to the Vice President of Finance for review.

D. Determination of Eligibility For Financial Assistance

1. Determination Procedures

Determinations of eligibility will be made by the Financial Services Department. As described in more detail below at Subpart III.D.2 below, eligibility shall be determined based on the following information:
2. **Income and Liquid Assets Tests**

Attachment A to this Policy, “Sliding Scale Fee Discount Schedule for Inpatient Services,” sets forth the discounts for covered inpatient services. Attachment B, “Sliding Fee Scale Discount Table for Ambulatory Surgery, Clinic, Emergency Department, Referred Ambulatory and Ancillary Services,” sets forth the discounts for covered outpatient, clinic, emergency, ambulatory, and ancillary services.

Each Attachment sets forth two tests – an Income Test and a Liquid Asset Test:

- **The Income Test** is calculated by comparing the patient’s “family size” with his or her family’s annual, pre-tax income.

- **Family Size.** If the patient is an adult, the patient’s family size is calculated by adding the patient, the patient’s spouse (if any and if he/she resides with the patient) and any dependents of the patient or the patient’s spouse. If the patient is a child, the patient’s family size is calculated by adding the patient, the patient’s parent/s and/or legal guardian/s with which the patient resides, and any dependents of the patient’s parent/s and/or legal guardians with which the patient resides (other than the patient). A pregnant woman is counted as two family members.

- **Annual Pre-Tax Income.** If the patient is an adult, the family’s annual pre-tax income is the sum of the patient’s and the patient’s spouse’s (if any and if he/she resides with the patient) income. If the patient is a minor, the family’s annual pre-tax income is the income of the patient’s parent/s and/or legal guardian/s with which the patient resides.
• Annual, pre-tax income will be the total of the following sources of income:

1. Salary/Wages Before Deductions. If the patient has not filed an application for a publicly sponsored insurance program or no such application is available, the patient must provide pay stubs from the previous four weeks, which will be used to extrapolate the patient’s salary/wages for the current calendar year.

2. Public Assistance.


4. Unemployment & Workmen’s Compensation.

5. Veteran’s Benefit.


7. Other Monetary Support.

8. Pension Payments.

9. Insurance or Annuity Payments.

10. Dividends/Interest.

11. Rental Income.


13. Other (strike benefits, training stipends, military family allotments, income from estates and trusts).

Source of income should be calculated by adding amounts actually received, as opposed to those amounts that the individual may be entitled to but are not being paid to him or her (e.g., when the ex-spouse of a patient fails to pay child support, insurance or pension payments are in dispute).

• Each patient’s liquid assets will be calculated based on the total value of the patient’s and his or her spouse’s assets (whether held individually or jointly). If the patient is a minor, the patient’s liquid assets will be calculated based on the total value of the assets held by the patient’s parent/s and/or legal guardian/s with which the patient resides. The types of assets that will be taken into consideration include cash; savings accounts; checking accounts; Certificates of Deposit; equity in real estate (other than primary residence); and other assets (Treasury Bills, negotiable paper, corporate stocks and bonds). The asset test will not take into consideration a patient’s primary residence, assets held in a tax-deferred or comparable retirement savings account, college savings accounts, or cars used regularly by a patient or immediate family members.
A patient with liquid assets totaling twice the amount of the resource levels allowed by Family Health Plus will be considered to have “Significant Liquid Assets.” If the patient has Significant Liquid Assets, the amount of assistance for the patient will be the LESSER of the discount for which the patient is eligible under the Income Test and the Liquid Asset Test. For example, if a patient is eligible for a 50% discount under the Income Test and a 25% discount under the Liquid Asset Test, the 25% discount shall apply. If the individual is eligible for financial assistance under either the Income Test or Asset Test, the maximum charge that he or she may incur is 100% of the greater of the Medicare or Medicaid rate.

The Liquid Asset Test – Inpatient is calculated by dividing the amount of the full Medicaid rate for the patient’s services by the patient’s “Liquid Assets.”

The Liquid Asset Test – Outpatient is calculated by dividing the amount of the full Medicare rate for the patient’s services by the patient’s “Liquid Assets.”

- If the patient does not have Significant Liquid Assets, then the amount of assistance for the patient will be the discount for which the patient is eligible under the Income Test.

- Special consideration may be made on a case-by-case basis if a patient has recently become unemployed or may not be able to pay for routine living expenses (i.e., rent, utilities and food) if the patient is required to self-pay at the rate set in Attachments A or B. Any cases where special consideration is requested should be directed to the Manager of the Financial Counseling Unit at (718) 283-7796. The patient may be required to document the nature of the circumstances that require special consideration.

E. Process for Review of Applications

Within 10 business days of receipt of the completed application for financial assistance and all required documents, the Financial Services Department will notify the patient in writing whether the application for financial assistance has been approved or declined. If the application has been approved, the patient will be informed of the percentage discount (e.g., 90% of applicable fees) for which he or she is eligible. If the application has been denied, the written notice shall describe how to
appeal the denial. In cases where a face to face interview is conducted, the patients are informed immediately of approval of application and the amount of discount the patient will receive or of denial of the application. In such cases the written notice is also mailed to the patient’s home.

In addition, if the patient is approved for financial assistance, the Financial Services Department will document the determination of eligibility in the “comments” section of the registration system (AHS), including the specific applicable discounts for (a) inpatient services and (b) outpatient services, even if only one type of service (e.g., inpatient services) is required in the current care of the patient.

Approval of eligibility is valid for one year, at which point recalculation of eligibility will be necessary. Future changes to the established sliding scales set forth in Attachments A and B shall apply to all new and currently qualified patients.

F. Installment Payment Arrangement

Upon request, patients receiving financial assistance will be given an opportunity to obtain an installment payment arrangement interest free. The monthly payment will not be greater than 10% of the patient's gross monthly income plus any assets eligible for consideration under the Hospital’s asset test. No interest will be charged on the unpaid balance even in the event a payment is missed.

G. Appeals

A patient has the right to appeal a decision on eligibility for financial assistance based on the following criteria:

- Incorrect information was provided;
- Changes in patient financial status occurred; or
- Extenuating circumstances.

The Vice President of Finance (Financial Services) will decide appeals. Appeals must be made in writing (or in person, by appointment) to the Vice President of Finance (Financial Services) at the following address: 4802 Tenth Avenue Brooklyn, NY 11219 Telephone: (718) 283-7753

The appeal must be made within 30 days of notification of the eligibility determination. The Vice President of Finance (Financial Services) will
strive to make appeal decisions within 10 business days of receipt of a patient appeal (i.e., after receipt of a letter or an in person appeal).

H. Fair Billing and Collection Practices

Maimonides Medical Center is committed to fair billing and collection practices. A patient account will not be sent to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, for the time that the hospital is considering the application. A patient will be provided with at least 30 days written notice on the patient’s bill before his or her debts are referred to collection. Once an account is in collection, the Hospital and/or its employees, representatives or contractors are not permitted to:

- Freeze a debtor’s bank account;
- Garnish a debtor’s payroll check, unless authorized by the Director or Vice President of Patient Accounts or EPS;
- Seek civil arrests of debtors;
- Seek a forced sale or foreclosure of a primary residence; or
- Pursue any action which would cause or prevent a debtor from paying their normal monthly rent, utility or food expenses.

Contracts with all collection agents of the Hospital will require the agency to (a) follow this Policy including providing information to patients on how to apply for financial assistance where appropriate; and (b) obtain the Hospital’s written consent prior to commencing a legal action.

Collections are not permitted from a patient who is determined to be eligible for Medicaid at the time services were rendered when Medicaid payment is available for those services.

I. Training and Further Information

All staff who interact with patients or have responsibility for billing and collections will receive a copy of this Policy and will be trained on the appropriate procedure for the financial assistance program. Staff will also be periodically informed of additional discounts or funding that may be available through special grants or programs separate from the general financial assistance program. Any further inquiries by staff on this Policy should be directed to the Manager of the Financial Counseling Unit at (718) 283-7796.

Employees of Maimonides and their dependents will be treated per established Medical Center Policy (FIN-22).
IV. CONTROLS

The Vice President of Finance (Financial Services), in conjunction with A.V.P. of Ambulatory Health Services network, A.V.P. of Clinical Services and Vice President of Patient Accounts, will periodically review patient master records and accounts for adherence to the Financial Assistance protocol set in this Policy.

The Vice Presidents of Finance (Financial Services) and Patient Accounts will direct the appropriate Department Heads to revise the Financial Assistance protocol set in this Policy as changes are approved or mandated by regulatory agencies.

Pamela S. Brier
President & CEO

INDEX: Charity Care, Self-Pay, Financial Assistance

REFERENCES: PHL 2807-k(9 and 9-a)

Dear Administrator letter dated February 15, 2007

ORIGINATING DEPARTMENT: Legal Department/Financial Services

H:\POLICIES\FIN 28 JUNE 6 2008 (2).doc
# Maimonides Medical Center
## 2009 Sliding Scale Fee Discount Schedule for Inpatient Services Based on Medicaid Rate

### Attachment A

<table>
<thead>
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<td>$133,470</td>
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</table>

For each Add’t person add:

- $3,740
- $4,675
- $5,610
- $7,480
- $9,350
- $11,220

Discount amount based on Medicaid DRG:

- 100%
- 90%
- 80%
- 70%
- 60%
- 50%
- 0%

Percentage Over FPL:

- 100% of FPL
- 191% to 125% of FPL
- 126% to 150% of FPL
- 151% to 200% of FPL
- 201% to 250% of FPL
- 251% to 300% of FPL
- Over 300% of FPL

### Test B – Liquid Assets Test (only applied if patient has twice (2x) the amount of FHP Allowable Resources)

<table>
<thead>
<tr>
<th>Medicaid DRG / Total Liquid Assets</th>
<th>Greater than 90%</th>
<th>90% to 60%</th>
<th>79% to 70%</th>
<th>69% to 60%</th>
<th>59% to 50%</th>
<th>49% to 0%</th>
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<td>Discount Amount</td>
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<td>50%</td>
<td>25%</td>
<td>15%</td>
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<td>Example: Full Medicaid Rate is $15,000</td>
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Rate: $15,000
Assets: 28,000

\[
\frac{15,000}{28,000} = 53\% 
\]

Patient’s responsibility will be 85% of $15,000 = $12,750

Full Medicaid Rates are due from patients whose income exceeds 300% of the FPL, or whose charges to liquid assets ratio is 49% or less.
## Test A – Income Test

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</tr>
</tbody>
</table>

For each Add'l person add: $3,740

Discount amount based on APC Rate: 100%

Percentage Over FPL: 100% of FPL

---

## Test B – Liquid Assets Test (only applied if patient has twice (2x) the amount of FPL Allowable Resources)

<table>
<thead>
<tr>
<th>APC Rate / Total Liquid Assets</th>
<th>Greater than 90%</th>
<th>90% to 90%</th>
<th>79% to 70%</th>
<th>69% to 60%</th>
<th>59% to 50%</th>
<th>49% to 0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount Amount</td>
<td>100%</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
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<tr>
<td>Example: Ambi/Surg $1,000 APC Rate</td>
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<td>$400</td>
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</table>

APC Rate 1,000 = 38% Patient entitled 0% discount. Patient Responsibility Full APC Rate

Resources 26,100

Full APC Medicare Rates are due from patients whose income exceeds 300% of the FPL, or whose charges to liquid assets ratio is 49% or less.