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<th>North Shore-Long Island Jewish Health System, Inc.</th>
<th>ADMINISTRATIVE POLICY AND PROCEDURE</th>
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<td>POLICY TITLE: FINANCIAL ASSISTANCE PROGRAM</td>
<td>POLICY # 300.20</td>
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<td>Prepared by: Finance/Community Health</td>
<td>DEPARTMENT: FINANCE</td>
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**POLICY**

The mission of North Shore - Long Island Jewish Health System, Inc. ("North Shore-LIJ") is to improve the health and quality of life for the people and communities it serves by providing world-class service and patient centered care. This mission includes the provision of comprehensive quality health care and medically essential services irrespective of the ability to pay.

**SCOPE**

This policy applies to all members of the North Shore – LIJ work force but not limited to employees, business associates, medical staff, volunteers, students, physician office staff, and other persons performing work for or at North Shore – LIJ.

**PROCEDURE/GUIDELINES**

I  DEFINITIONS

**Documentation** — consists of a completed Financial Assistance Program (FAP) application. The FAP application includes wage verification for the last 30-days of income. Additional documentation may be required for patients who fall within the asset verification thresholds currently in effect by the New York State Department of Health (NYSDOH).

**Family** — a group of kindred or closely related individuals including the patient, his/her spouse, (including legal common law spouse) and his/her legal dependents or any individual who the patient or the applicant takes financial responsibility for. North Shore – LIJ reserves the right to validate the financial responsibility for any listed family member.

**Family Income** — includes wages, salaries, unemployment compensation, workers’ compensation, Social Security, public assistance, veterans' payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own businesses, interest, dividends, royalties, income from estates, trusts, alimony, child support and other miscellaneous sources. Non-cash benefits, such as food stamps and housing subsidies, are not considered income.

**Medically Necessary Services** — health care services that a Physician, exercising prudent clinical judgment, would provide to 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.

**Primary Languages** — languages that are either: (i) used to communicate during at least 5% of patient visits in a year by patients who do not have English proficiency sufficient to communicate with health care
providers, or (ii) spoken by non-English speaking individuals who comprise more than one (1) percent of the hospital’s primary service area as per US Census data.

II PROCESS

1. Program Eligibility

Patients are eligible to participate in the North Shore – LIJ FAP if they are either uninsured or have exhausted their benefits for Covered Services (as defined in Section 2). Participation in the FAP (a) may be contingent upon a patient's willingness to apply for Medicaid or such other public insurance programs North Shore – LIJ believes he/she is eligible, and (b) requires the patient to fully cooperate with North Shore – LIJ's FAP application requirements, including the disclosure of personal, financial or other information necessary for determination regarding financial need.

When considering FAP applications, North Shore-LIJ reserves the right to:

1) Consider eligibility for FAP at any point before or after service(s) are rendered and/or any time during the billing and collection cycle.
2) Re-evaluate eligibility for FAP after 3-months or if there is a significant change in current income or family size.
3) Make hardship modifications to any aspect of the FAP.
4) Apply the terms of this policy to reflect service provision to patients that reside outside of the primary service area of each hospital’s primary service area as defined by the NYSDOH.

2. Covered Services

The following are considered Covered Services under North Shore - LIJ’s FAP.

Emergency Services – For any resident of New York State, including patients who present at any North Shore - LIJ Emergency Department (including EMTALA transfers).

Medically Necessary Non-Emergency Scheduled Services – For all Medically Necessary (non-emergency) hospital services and medical care, financial assistance will be provided to qualified patients who reside in each hospital’s primary service area as determined by the NYSDOH and listed in the grid below:

<table>
<thead>
<tr>
<th>County</th>
<th>Hospitals</th>
<th>Primary Service Area</th>
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<tbody>
<tr>
<td>Nassau</td>
<td>• Franklin Hospital Medical Center&lt;br&gt;• Glen Cove Hospital&lt;br&gt;• North Shore University Hospital&lt;br&gt;• Plainview Hospital&lt;br&gt;• Syosset Hospital</td>
<td>Nassau&lt;br&gt;Queens&lt;br&gt;Suffolk</td>
</tr>
<tr>
<td>Suffolk</td>
<td>• Huntington Hospital&lt;br&gt;• Southside Hospital</td>
<td>Nassau&lt;br&gt;Suffolk</td>
</tr>
<tr>
<td>Queens</td>
<td>• Forest Hills Hospital&lt;br&gt;• Long Island Jewish Medical Center&lt;br&gt;• The Zucker Hillside Hospital&lt;br&gt;• Schneider Children's Hospital</td>
<td>Bronx&lt;br&gt;Kings&lt;br&gt;Nassau&lt;br&gt;New York&lt;br&gt;Queens</td>
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Determinations of Medical Necessity are the responsibility for the treating health professional without regard to the financial status of the patient.

3. Fee Schedule

In the development of the North Shore – LIJ FAP fee schedule, North Shore - LIJ fully complies with the NYSDOH requirement that individuals up to 300% of the Federal Poverty Level (FPL) are presumed eligible for participation; however, when possible, North Shore - LIJ establishes patient eligibility for the FAP at income levels higher than the NYSDOH threshold. Please see the fee schedule posted on HealthPort for the current eligibility levels.

For eligible patients at or below 100% of the FPL, the fee schedule reflects the nominal payment levels defined by the NYSDOH. The FAP fee schedule is adjusted annually in accordance with updates to the FPL and/or in accordance with any updates from the NYSDOH.

Eligible patients are responsible for paying any applicable co-payments, co-insurance and/or deductibles. For patients with a documented hardship, North Shore – LIJ reserves the right to modify this requirement on a case by case basis.

Nothing in this Policy shall limit North Shore - LIJ from negotiating discounts or payment packages with patients who do not otherwise qualify for participation in the Program.

4. Filing an Application

North Shore - LIJ provides information regarding the availability of financial assistance through public notice (See Section 7) and at the earliest appropriate opportunity during the provision of care, subject to compliance with all federal, state and local laws and regulations, including EMTALA. Whenever possible, application for financial assistance is incorporated into routine processes for evaluation, intake and registration of uninsured patients for services.

A standardized FAP application is used and is available in the Primary Languages of North Shore – LIJ. To facilitate the compilation of documentation for FAP application processing and/or the financial screening process, North Shore - LIJ may utilize soft credit inquiries that are transparent to creditors, only visible to the patient or responsible party, and have no impact on the patient's credit status or ability to obtain future credit (e.g., FICO score). Such inquiries may be used to:

- Reduce the patients' administrative burden re: compiling documents
- Determine presumptive eligibility for patients, guarantor’s and/or the patient's legal representative that do not establish contact with North Shore - LIJ during the billing and collection cycle despite the usual and customary efforts of North Shore - LIJ.
Credit scoring is only used to facilitate applications, it is not used to deny applications for financial aid.

North Shore – LIJ utilizes the NYSDOH guidelines regarding the consideration of assets and will only review a patient’s assets if they fall within the family size and income levels approved by the State. Asset tests cannot be used to deny financial assistance, but only to “upgrade” a patient’s level of obligation, up to the legal maximum permitted under the financial assistance law. In the consideration of assets, the following assets will not be included: primary residence, tax-deferred or comparable retirement accounts, college savings accounts and cars used by the patient or patient’s family.

5. Application Review

Patients are expected to submit FAP applications within ninety (90) days of the date of service or discharge, including all required Documentation. FAP applications received after one (1) year from the date of service or discharge will be reviewed on a case by case basis.

Patients are advised that once a completed application is received, they can disregard any payment requests for the services in question, until a decision on the application is rendered.

FAP applications are reviewed, and a determination is made on the request, within thirty (30) days of submission of a completed application. All decisions are in writing, and denials are accompanied by detail on the reason for the denial, an overview of the appeals process and instructions for submitting an appeal.

Appeals can be filed within thirty (30) days of notice and North Shore - LIJ will make its determination regarding appeals within thirty (30) days of receiving an appeal. Patients are notified in writing of the outcome of their appeal.

Upon request, North Shore - LIJ will consider extending the filing deadlines for applications and/or appeals.

6. Payment Plans and Deposits

Upon request, installment plans for payment of reduced patient charges are available. Monthly payments will not exceed 10% of the patient’s gross monthly income, and interest will not be charged.

Deposits prior to non-emergency medically necessary care may be required, as determined on a case-by-case basis. Any deposit collected will be considered as part of any financial assistance application and will be applied towards any ultimate patient financial responsibility.

7. Notice

North Shore - LIJ provides public notice regarding the availability of the FAP through the following channels:

- Signage that is conspicuously posted in the Primary Languages of North Shore - LIJ.
- Detailed program information on the North Shore - LIJ website - www.northshorelij.com
- Notification to patients during the intake, registration and financial counseling process
8. **Collection Practices**

North Shore - LIJ does not send patient accounts to collection if a decision on an FAP application is pending, or if a patient is determined to be eligible for Medicaid at the time services were rendered and for which services Medicaid payment is available.

North Shore - LIJ provides patients with at least thirty (30) days notice (i.e., on patient bills) prior to referring debts for collection. North Shore - LIJ’s contracted collection agency obtains written consent prior to the commencement of any legal action, and complies with North Shore – LIJ’s policies and procedures related to patient financial assistance and billing. This includes providing information to patients on how to apply for financial assistance.

In the event any patient account is sent to collection, North Shore - LIJ does not seek foreclosure on a patient’s primary residence (although a lien may be obtained as a result of legal action to obtain unpaid charges).

9. **Certification and Reporting**

North Shore - LIJ complies with all reporting requirements of the NYSDOH and other governing bodies related to its Financial Assistance Program.

10. **Training**

North Shore - LIJ staff who interact with patients or conduct billing and collection activities are trained in North Shore - LIJ policies and procedures related to the Financial Assistance Program.

North Shore - LIJ conducts periodic audits to ensure compliance with this policy and procedure.

III **REFERENCES TO REGULATIONS AND/OR OTHER RELATED POLICIES**

New York State Public Health Law Section 2807-k, as implemented by NYSDOH pursuant to the "Dear CEO" letter dated February 16th, 2007 and signed by the Director of Health Systems Management.