CHARITY CARE

It is the policy of Winthrop University Hospital to inform every patient of the availability of charity care (financial assistance), defined as free or reduced healthcare services to the poor or indigent based upon their ability to pay and lack of insurance coverage. This policy will be uniformly applied to all patients who request such consideration based on financial need. It is generally limited to patients who reside in New York for both emergent and non-emergent services and does not limit this assistance to its primary service area. The amount of financial assistance granted will not be based on the medical condition of the patient. If the patient does not qualify under this policy and is ultimately sent to a collection agency, under no circumstances will the Hospital foreclose on a patient’s primary residence to collect an outstanding bill.

Uninsured patients, or patients who have exhausted their health insurance benefits, who present for services will be referred to Winthrop’s Credit and Collection department for financial screening. Signs are posted in the Emergency Department and all other registration areas explaining this policy and provide a telephone number to call for information and assistance. Also, notification of this policy and a contact number is indicated on the patient’s bill.

A charity care determination will be made generally within thirty days following the receipt of a completed application, assuming all requested documentation has been provided by the patient (see below).

Patients who call or write for assistance with their hospital bill will be directed to the Credit and Collection department. This staff has been trained in the Hospital’s financial assistance policy and can provide assistance to applicants in understanding the policy and how to complete the application.

The patient and/or family will be screened for potential Medicaid, Child Health Plus, Family Health Plus, CHCEP. If the patient/family is deemed eligible for any of the above, the patient will also be provided an application for Charity Care. If insurance is ultimately obtained, the patient/family member will not be eligible for charity care for those charges covered by the insurer. Patients who are deemed by the Hospital to be eligible for Medicaid will be classified as “Medicaid Pending” and will receive “adjusted bills” that have been reduced from a “charge” level to an “expected net reimbursement” level.

Determination can be made either before, during, or after the episode of care. In the event that a patient has been referred to a collection agency prior to requesting assistance, the agency will refer the patient to the Hospital’s Credit and Collection Department for assistance. Winthrop’s collection agencies are prohibited from discussing or enforcing the Hospital’s charity care policy. At that time the patient’s account will be recalled from the agency.

In order to determine Charity Care, the patient/family will need to request an application within 90 days of the date of service or discharge. Applicants must return a signed application with the following documents within 20 days of the date of request for application (Winthrop reserves the right to extend this period on a case-by-case basis):

- If employed, the last month’s pay stubs
- Unemployment checks/compensation papers/Social Security checks.
- Most recent income tax return, including W-2s, for the past 1 year.
- A completed Charity Care Request Form
- Other documentation as requested

Generally, the patient’s family income must not exceed 500 percent of the Federal Poverty level to qualify (for information on the Federal Poverty Guidelines go to http://aspe.hhs.gov/poverty/). Assistance will be based on, but not limited to, family size and household income. Additionally, reviews of the requested documents must provide indication that no other sources of income are available. When determining eligibility the Hospital will not consider a patient’s primary residence, cars, retirement savings, or college savings plans.

The Credit and Collection Department will conduct a personal interview with the patient and make an initial determination as to whether the patient qualifies for charity care after the interview has been completed and at least one of the required documents is submitted. Once a determination that the patient may qualify for charity care is made, an initial charity care reduction is applied to the patient’s bill. This reduction results in an “adjusted bill” to the patient that represents a recapture of the Hospital’s costs. The patient is notified in writing that this represents a minimum amount of charity care available, but all documents and forms must be provided to qualify. Additional charity care can be provided upon submission of all required documentation. The patient is also notified that no payments are required until eligibility has been determined by Winthrop.

Upon receipt of all requested documentation the Credit and Collection Department will make a final determination as to the patient’s Charity Care status within thirty days. If all requested documentation is not received the patient will not qualify. During this determination period the patient’s account will not be sent to a collection agency for pursuit of any outstanding balance. If a favorable determination is made the Credit and Collection Department may apply a second phase of charity care reduction to the patient’s adjusted bill. This reduction will be a sliding scale reduction based on family size and income levels. The scale will be based on: a 100 percent write off at household income levels under 200 percent of the most recently published Federal Poverty Level (FPL), a 75% write off on incomes over 200% and up to 300% of the FPL, a 50% write off on incomes over 300% and under 400% of FPL, and a 25% write off for household incomes over 400% and under 500% of FPL.

Additionally, the patient’s ultimate responsibility can be paid, interest free, to Winthrop. Installment payments will not exceed 24 months without Administrative approval or unless each monthly payment amount exceeds 10 percent of the patient’s monthly family income. In such cases, the monthly installment would be capped at 10% of the monthly family income. For unfavorable determinations the outstanding balances will be pursued via the Hospital’s collection policies and processes, which may include referrals to collection agencies. If it is determined that litigation is warranted, the collection agency must obtain written consent from the Hospital before commencing such action.

For Cyberknife Services:
a) With family incomes above the 500% of the Federal Poverty Level, Winthrop will hold the patient responsible for a percentage of total uncovered charges which approximates Medicare’s reimbursement to Winthrop. Our catastrophic provision will be applied to all accounts, meaning that we will hold the patient’s responsibility to the lesser of the reduced amount or 3 months’ gross family income; b) With family incomes at or below 500% of the FPL, our current charity care policy will be in effect. Essentially, this means the patient will receive an initial reduction off charges, down to a percentage of charges based on Medicare’s reimbursement, and then, upon completion and submission of the necessary documentation, will receive additional charity care based on our sliding scale, which considers family income and family size. In ALL cases, a charity care application must be completed and sent to the Credit and Collections Department. If the patient wants us to consider him/her for our catastrophic provision he/she must also submit proof of income to the Credit and Collections Department with the completed application. Patients should be referred directly to the Credit and Collections Department with any questions regarding this (576-5637).

A catastrophic provision is applied to each calculation to ensure that the patient’s ultimate responsibility does not exceed 3 months’ household income. Ultimately, the patient will be responsible for the lesser of the reduced bill or 3 months’ household income.
Patients who are uninsured or do not meet the criteria to qualify for financial assistance as noted above may be considered for assistance on a case-by-case basis. The extent of such assistance will be determined by the Hospital.

A patient may appeal the Hospital’s decision regarding the disapproval or level of approved charity care. Appeals are to be made in writing and directed to the Director of Patient Accounts, Winthrop-University Hospital, 700 Hicksville Road, Suite 203, Bethpage, NY 11714 for review. A final decision will be made in writing within 2 weeks of the request. A second level of appeal is also available. Such appeals must be made in writing and sent to the Director of Finance, Winthrop-University Hospital, 700 Hicksville Road, Suite 205, Bethpage, NY 11714 for review. A final determination will be made in writing within 2 weeks of receipt of the request.

This policy will be measured periodically through Winthrop’s Internal Audit Department.