



MOUNT SINAI SOUTH NASSAU POLICY & PROCEDURE

POLICY TITLE:	Financial Assistance Program for Uninsured and Underinsured Hospital Patients		
POLICY NUMBER:	OF-FD-160	LAST REVIEWED DATE:	03/2025
POLICY CATEGORY/MANUAL:	Patient Access Hospital-wide Policies		
CROSS REFERENCE:	Uninsured Patient Discount OF-FD-226		

I. Purpose/Expected Outcome:

This Financial Assistance Policy (FAP) is intended to address the dual interests of providing access to care to those without the ability to pay and to offer a reduced fee for those who are able to pay a portion of the costs of their care. This policy sets forth the basic framework of a Financial Assistance Program and the processes for determining eligibility for financial assistance that will apply to the Hospital (as defined below). Upon adoption by the Hospital Board, this policy will constitute the official Financial Assistance Policy (within the meaning of Section 501(r) of the Internal Revenue Code of 1986, as amended, Section 1.501(r) of the Internal Revenue Service's regulations promulgated thereunder and New York Public Health Law) for the Hospital.

II. Definitions:

A. Amounts Generally Billed (AGB) means the amounts generally billed for Covered Services provided to individuals who have insurance covering such care, reduced to the current Medicaid rate using the prospective method. The prospective method means using the billing and coding process the Hospital would use if the FAP-Eligible Individual (as defined) were a Medicaid fee-for-service beneficiary and setting AGB for the care at the amount the hospital determines would be the total amount Medicaid would allow for the care (including both the amount that would be reimbursed by Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).

B. Covered Services means Emergency Medical Care or other Medically Necessary services provided to the Hospital's inpatient and outpatients. Patients who reside in New York State who need emergency services can receive care and qualify for a discount if they meet certain income levels as described below. Patients who reside in Nassau County, Suffolk County and the five Counties comprising New York City can qualify for a discount on non-emergency, Medically Necessary services if they meet certain income levels described below.

C. Emergent Condition means a medical condition that has resulted from the sudden onset of a health condition with acute symptoms of sufficient severity (including severe pain) which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious impairment to bodily functions or result in serious dysfunction of any bodily organ or part.

D. Emergency Medical Care means medical care required to be provided for

Emergent Conditions pursuant to the Emergency Medical Treatment and Labor Act, section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals, regardless of their eligibility for Financial Assistance under this policy. More specifically, Emergency Medical Care refers to services required to be provided under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations and Treas. Reg. § 1.501(r)-4(c) (or any successor regulations), to the extent such regulations are applicable to SNCH.

E. FAP-Eligible Individual means an individual eligible for financial assistance under this Policy without regard to whether the individual has applied for financial assistance.

F. Hospital means Mount Sinai South Nassau and Oceanside Counseling Center.

G. Medically Necessary means those services necessary to prevent, diagnose, correct or cure conditions in a person that cause acute suffering; endanger life; result in illness or infirmity; interfere with his/her capacity for normal activity; or threaten some significant handicap.

H. Patient Financial Services (PFS) means the operating unit of the Hospital responsible for billing and collecting self-pay accounts for hospital services.

I. Plain Language Summary of the FAP (PLS) means a written statement that notifies an individual that the Hospital facility offers financial assistance under a FAP and provides necessary information in language that is clear, concise, and easy to understand.

Financial Assistance Eligibility Criteria:

Covered Services eligible under this Policy will be made available to the patient based in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination.

Patients whose income is equal to or less than 400% of the Federal Poverty Level Guidelines are eligible for financial assistance at the levels specified in the table below. Upon receipt of a completed financial assistance application, the Hospital will suspend billing and collection activities until a final decision has been rendered and communicated.

For Underinsured Patients:

- 301% to 400% of the FPL = 20% of cost share
- 201% to 300% of the FPL = 10% of cost share
- Less than or equal to 200% of the FPL all charges waived

For Uninsured Patients: Charges reduced to the Medicaid Fee Schedule:

- 201% to 300% of the FPL – 10% of the Medicaid rate
- 301% to 400% of the FPL – 20% of the Medicaid rate.

- Less than or equal to 200% of the FPL all charges waived.

2025 Federal Poverty Level Guidelines

HOUSEHOLD SIZE	FPL at 100%	Less than 200%	Greater than or = 200%	Less than 300%	Greater than or = 300%	Up to 400%	GREATER THAN 400%
1	15,650	31,300	31,300	46,950	46,950	62,600	62,600
2	21,150	42,300	42,300	63,450	63,450	84,600	84,600
3	26,650	53,300	53,300	79,950	79,950	106,600	106,600
4	32,150	64,300	64,300	96,450	96,450	128,600	128,600
5	37,650	75,300	75,300	112,950	112,950	150,600	150,600
6	43,150	86,300	86,300	129,450	129,450	172,600	172,600
7	48,650	97,300	97,300	145,950	145,950	194,600	194,600
8	54,150	108,300	108,300	162,450	162,450	216,600	216,600
EACH ADDITIONAL	5,500	11,000	11,000	16,500	16,500	22,000	22,000
Patient Liability: Lesser of Total Chgs or % of Medicaid Rate		Free	10%	20%	Self Pay Rate		

Consideration will be given in providing financial assistance on a case-by-case basis to those patients who have exhausted their insurance benefits and/or who have exceeded their financial eligibility criteria but face extraordinary medical costs including deductibles, coinsurance and co-payments.

This policy does not cover bills for non-employed physicians' services unless such professional services are included in the Hospital's bill for its services. A listing of health care providers in the Hospital that are NOT covered under this policy is available on the Hospital's website at <https://www.southnassau.org/main/financial-assistance-program.aspx> and from the Financial Assistance Department. The list is updated quarterly.

Financial Assistance – Method for applying:

Any patient, family member, close friend or associate (subject to applicable privacy laws) can request an application for financial assistance at any of the Mount Sinai South Nassau registration areas or at the Financial Assistance Department during regular business hours. These documents may also be obtained by mailing a written request to the Financial Assistance

Department or via telephone by calling 516-632-4015. Financial Assistance applications will be provided either in person, by mail or e-mail.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the Hospital's procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so. Patients that may be eligible for Medicaid or other public health insurance are required to cooperate in applying for such insurance.

Patients will be given two hundred and forty (240) days from the date of the first post-discharge bill to complete a financial assistance application. The Hospital may waive the 240 day period if the patient can show good cause for the late filing. All late filings will require the approval of the Director of Patient Financial Services.

Completed applications should be returned to the Financial Assistance Department either in person or by regular mail.

Applications that are submitted but are not complete (i.e., all required information/documents has/have not been provided) will be returned to the patient with an explanation as to what information/documents is/are missing and notifying the patient that they may have a reasonable time (i.e., no less than 30 days) to resubmit the application with the missing information/documents. A copy of the PLS, a notice of potential ECAs and contact information for the Financial Assistance Department will also be provided. Reasonable time depends on the particular facts and circumstances e.g., the amount of additional information/documentation that is being requested.

Completed applications will be processed by the Financial Assistance Counselors in the Financial Assistance Department. The Hospital shall issue a written approval or denial (including the appeal process) to the patient within thirty days (30) of receipt of a completed application.

Documentation Requirements:

Information on all household members must be provided to the Financial Assistance Department along with the following documentation:

- Valid Photo Identification (if available) along with proof of address.
Example: Driver License; passport; current utility bill or property tax bill.
- Proof of Income for the last 3 months.
Examples: pay stubs, Social Security checks, unemployment checks; a letter from supporting party, statement from employer on the company's letterhead with income information.

Presumptive Financial Assistance Eligibility:

There are instances when a patient may appear eligible for Financial Assistance, but the formal application process and documentation requirements were not completed. For these cases, the Hospital may use outside sources of information from software vendors (FinThrive and ARXCHANGE) to assist in estimating patient income to determine Presumptive Financial Assistance eligibility. Presumptive eligibility may be based on prior FAP Eligibility or may also be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Patient is eligible for Medicaid but Medicaid will not pay for the service (e.g. Medicaid Spend-down, non-emergent services rendered to undocumented persons, etc.)
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

If the patient is presumptively eligible for less than the most generous assistance available, the Hospital will notify the patient regarding the basis for the presumptive FAP eligibility determination and the way to apply for more generous assistance available under the FAP. The Hospital will also give the patient a reasonable period of time to apply for more generous assistance before initiating Extraordinary Collection Actions (ECA) (as defined below) to obtain the discounted amount owed for the Covered Services.

Denials/Appeals Process:

Patients will be notified if their FAP applications are denied. Such notifications will include a description of the appeal process and New York State Department of Health contact information. If the patient is not satisfied with the determination, he/she can submit a written or verbal request for appeal to the Sr. Director of Patient Financial Services or Sr. Director Access Services. The Sr. Director of Patient Financial Services/Sr. Director Access Services will review the application and supporting documentation and will make a determination within 60 days. The Chief Financial Officer, Vice President of Finance, Sr. Director of Patient Financial Services or Sr. Director Access Services must approve all such determinations.

Basis for Calculating Amounts Generally Billed:

The Hospital has adopted the Medicaid Rate as the Amount Generally Billed (AGB) using the prospective method as is defined in the IRS regulations at 26 CFR 1.501(r)-5. As such, after a patient is determined to be eligible for Financial Assistance, the patients account balance will be adjusted to the current applicable Medicaid fee schedule and a revised bill showing the discount will be sent to the patient.

Communication of the Financial Assistance Program:

The Hospital posts brochures and signs describing the availability of financial assistance in English and Spanish in prominent locations throughout the organization including the Emergency Room, Financial Assistance Department, Admitting, and other outpatient registration areas that are located on facility campuses and at other public places. In addition, patients are notified of this policy as part of the admission package for inpatients and via prominently posted signage when registering for outpatient services.

The PLS must be offered to patients upon intake or discharge, including in any bill notifying patients about potential ECAs (as defined below). Conspicuous notice concerning the existence of the FAP must be included on all patient bills along with the telephone number of the Financial Assistance Department and the Hospital's website address.

<https://www.southnassau.org/main/financial-assistance-program.aspx>

The Hospital's website also links to the FAP, the application form and PLS. The website posting

prominently states that there is no charge to download these materials, and patients are not required to create an account or provide personally identifiable information. Patients are thus well-notified that they may receive a free copy of this policy, the PLS or an application for financial assistance.

As part of employee orientation, all Hospital staff are made aware of the Hospital's FAP. Staff that interact with patients or have responsibility for billing and collection are trained in the implementation of this policy. This staff includes but is not limited to Patient Access Representatives, Financial Counselors, Patient Financial Services Representatives, Social Workers, Case Managers, Chaplains, and religious sponsors.

Notification about the availability of financial assistance is also widely publicized to members of the community served by the Hospital by various means, which may include, but are not limited to:

- including a prominently-displayed advertisement in the Hospital's newsletter mailed to the individuals in the Hospital's customer database informing readers that the Hospital offers financial assistance and providing appropriate contact information.

Collection Policy and Extraordinary Collection Actions (ECA):

The actions that the Hospital will take in the event of non-payment are described in the Hospital's policy entitled: "Patient Financial Services: Billing and Collection Policy for Self-Pay Accounts." A free copy of this policy is available on the Hospital's website at <https://www.southnassau.org/main/financial-assistance-program.aspx> and may also be obtained from the Financial Assistance Department.

Translation:

The Mount Sinai South Nassau Financial Assistance Policy, FAP application form and a plain language summary of the FAP are currently available in English and Spanish.

This Financial Assistance Policy was adopted by the BOARD OF DIRECTORS on December 1, 2015.

REPLACES: Hill-Burton Charity Care Obligation, Charity Care Application; Charity Care Policy

REVIEWS/APPROVALS:

Original Approval	12/15 Financial Assistance Policy Board of Directors
Reviewed and Approved	7/17 Oversight Committee
Reviewed without Revisions	7/19
Reviewed and Approved	10/19 Oversight Committee
Reviewed and Approved	09/2020 Oversight Committee
Reviewed and Approved	02/2022 Policy Oversight Committee
Reviewed and Approved	2/2023
Reviewed and Approved	3/2025 Policy Oversight Committee