



Stony Brook Southampton Hospital

Stony Brook Southampton Hospital Financial Assistance Policy

1. Financial Assistance

Stony Brook Southampton Hospital provides financial assistance to patients in need by offering Charity Care and Medicaid Enrollment Assistance.

A. Availability

Financial Assistance is available to all uninsured and underinsured patients for all medically necessary services and procedures unless specifically excluded.

a. **Uninsured** refers to patients without medical insurance coverage.

b. **Underinsured** refers to patients who have exhausted their insurance coverage, meaning that the insurance company has put a monetary or utilization cap on available benefits in a given year, and the patient is unable to receive further coverage.

B. Nondiscrimination

Financial Assistance is available to all otherwise eligible patients without discrimination based on race, ethnicity, color, religion, sex, national origin, age, disability, or sexual orientation.

2. Charity Care

Stony Brook Medicine offers Charity Care to all uninsured and underinsured patients residing in New York State.

A. Patient Notification

Stony Brook Medicine's Charity Care Policy is publicly available in summary form. Prospective patients are notified of Stony Brook Medicine's Charity Care program during the registration, pre-certification, and/or billing processes. Charity Care applications are available upon request in, but not limited to, Stony Brook Southampton Hospital's Patient Access, Patient Financial Services, Precertification, and Interpreter Departments. Charity Care information is displayed throughout the hospital by way of signage and/or pamphlets in both English and Spanish. Simple Charity Care applications are on the reverse of all patient-billing statements.

B. Eligible Services

Service eligibility for Charity Care is determined by the patients' primary residence at the time of service.

a. Eligible Services for a Primary Service Area Patient

Patients residing in New York State within the counties of Suffolk or Nassau at the time of service are eligible for the following medically necessary services: inpatient, ambulatory, emergency room, emergency transfers under the Emergency Medical Treatment and Labor Act (EMTALA), outpatient, and diagnostic care.

b. Eligible Services for a Non-Primary Service Area Patient

Patients residing in New York State but not within the counties of Suffolk or Nassau at the time of service are eligible for the following medically necessary services: emergency room, emergent admissions, and emergency transfers under the Emergency Medical Treatment and Labor Act (EMTALA).

C. Ineligible Services

The following services and/or items are not covered by Charity Care for any patient: not medically necessary services as determined by Medicare (e.g. cosmetic surgery, bariatric surgery), insurance co-payments/co-insurances/deductibles, Medicaid Spend-Down amounts, non-covered services as determined by the patient’s insurance carrier, private room rates, and private physician fees which are not billed by Stony Brook Southampton Hospital (e.g. radiology, pathology, anesthesiology, emergency).

D. Charity Care Discount

The Charity Care discount is to be applied to all eligible services of the patient as well as all family and household members listed on the approved Charity Care Application. Each service will have the Charity Care discount calculated and applied individually.

a. Applicable Rates

The applicable rate for an inpatient visit is the Medicare Diagnosis Related Group (DRG) rate for that visit. The applicable rate for an ambulatory, emergency room, outpatient, or diagnostic care visit is the Medicare HCPCS/CPT payment plus minimum unadjusted co-payment for that visit. The applicable rate for lab tests on outpatient and emergency room visits will be 10% of the charge per test.

b. Patient Responsibility Fee Scale

By correlating the patient’s family size and total gross family income, the patient’s financial responsibility (percent of applicable rate) is determined by the following fee scale:

| Percentage of FPG: | Size of Family = 1 | | Size of Family = 2 | | Size of Family = 3 | | Size of Family = 4 | | Size of Family = 5 | | Size of Family = 6 | | Percent of applicable rate: |
|--------------------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|-----------|-----------------------------|
| | Income | | Income | | Income | | Income | | Income | | Income | | |
| | From: | To: | From: | To: | From: | To: | From: | To: | From: | To: | From: | To: | |
| 0% to 100% | \$0 | \$9,800 | \$0 | \$13,200 | \$0 | \$16,600 | \$0 | \$20,000 | \$0 | \$23,400 | \$0 | \$26,800 | 0% |
| >100% to 125% | \$9,801 | \$12,250 | \$13,201 | \$16,500 | \$16,601 | \$20,750 | \$20,001 | \$25,000 | \$23,401 | \$29,250 | \$26,801 | \$33,500 | 10% |
| >125% to 150% | \$12,251 | \$14,700 | \$16,501 | \$19,800 | \$20,751 | \$24,900 | \$25,001 | \$30,000 | \$29,251 | \$35,100 | \$33,501 | \$40,200 | 20% |
| >150% to 175% | \$14,701 | \$17,150 | \$19,801 | \$23,100 | \$24,901 | \$29,050 | \$30,001 | \$35,000 | \$35,101 | \$40,950 | \$40,201 | \$46,900 | 28% |
| >175% to 200% | \$17,151 | \$19,600 | \$23,101 | \$26,400 | \$29,051 | \$33,200 | \$35,001 | \$40,000 | \$40,951 | \$46,800 | \$46,901 | \$53,600 | 36% |
| >200% to 225% | \$19,601 | \$22,050 | \$26,401 | \$29,700 | \$33,201 | \$37,350 | \$40,001 | \$45,000 | \$46,801 | \$52,650 | \$53,601 | \$60,300 | 44% |
| >225% to 250% | \$22,051 | \$24,500 | \$29,701 | \$33,000 | \$37,351 | \$41,500 | \$45,001 | \$50,000 | \$52,651 | \$58,500 | \$60,301 | \$67,000 | 52% |
| >250% to 275% | \$24,501 | \$26,950 | \$33,001 | \$36,300 | \$41,501 | \$45,650 | \$50,001 | \$55,000 | \$58,501 | \$64,350 | \$67,001 | \$73,700 | 60% |
| >275% to 300% | \$26,951 | \$29,400 | \$36,301 | \$39,600 | \$45,651 | \$49,800 | \$55,001 | \$60,000 | \$64,351 | \$70,200 | \$73,701 | \$80,400 | 68% |
| >300% to 325% | \$29,401 | \$31,850 | \$39,601 | \$42,900 | \$49,801 | \$53,950 | \$60,001 | \$65,000 | \$70,201 | \$76,050 | \$80,401 | \$87,100 | 76% |
| >325% to 350% | \$31,851 | \$34,300 | \$42,901 | \$46,200 | \$53,951 | \$58,100 | \$65,001 | \$70,000 | \$76,051 | \$81,900 | \$87,101 | \$93,800 | 84% |
| >350% to 375% | \$34,301 | \$36,750 | \$46,201 | \$49,500 | \$58,101 | \$62,250 | \$70,001 | \$75,000 | \$81,901 | \$87,750 | \$93,801 | \$100,500 | 92% |
| >375% to 400% | \$36,751 | \$39,200 | \$49,501 | \$52,800 | \$62,251 | \$66,400 | \$75,001 | \$80,000 | \$87,751 | \$93,600 | \$100,501 | \$107,200 | 100% |

Note: The income figures of this fee scale are subject to change in accordance with the yearly FPG.

E. Applying for Charity Care

A patient may apply for Charity Care for an expected service or a service that has occurred within the filing limit guidelines. A patient must apply for Charity Care by completing a Charity Care Application. The application must be sent to Stony Brook Medicine. The application is considered complete when all sections are filled-in, the applicant signs the application, and all required documentation (e.g. proof of income) has been submitted. The application is available in English and Spanish. The application includes notice that the patient may disregard all statements for which they are applying for Charity Care during the application review process. The review process will take no more than 30 days from when Stony Brook Medicine receives a completed application.

a. Patient Financial Services

Patient Financial Services shall be responsible for the intake and processing of all Charity Care Applications. This includes approving and or denying applications, applying Charity Care allowances, and processing appeals.

b. Family Information Requirements

A patient must provide on their Charity Care Application a list of the family/household members and or dependents with whom the patient resides. If the patient is an adult, the patient must list their spouse or domestic partner, children under the age of 21, and any dependents or other household members that live with the patient. If the patient is a child under the age of 21, the applicant may list the patient’s parents, siblings under the age of 21, and any dependents or other household members that live with the patient.

c. Financial Requirements

To be financially eligible to receive Charity Care, a patient must have a gross family/household income less than or equal to 400% of the Federal Poverty Level.

d. Financial Documentation Requirements

A patient must provide financial documentation to support their current stated income. The following documents are acceptable as proof: copies of recent pay stubs (several consecutive are preferred when available), a recent unemployment or disability statement, a letter from an employer, or a self-attestation letter. A patient may be required to submit additional documentation at Stony Brook Medicine’s request in order to substantiate their stated income.

e. Eligible Income

The following income items will be used to determine a patient’s income: earnings from employment, unemployment compensation, workers compensation, disability, Social Security, annuitized pension plan, child support, alimony, dividends, interest, rentals, estates, trusts, sale of assets, and other miscellaneous income.

Sole proprietorship, partnership, and S corporation income will be calculated by its gross profit or total income prior to expenses and deductions; however, cost of goods sold may be deducted from gross sales.

Sale of assets, such as reported on a Schedule D or its equivalent, will be calculated by their sale price and not by their gain or loss.

F. Filing Limit

Charity Care Applications must be submitted within 90 days (completed within 110 days) of the date of discharge or the date of service for which a patient is requesting Charity Care.

G. Incomplete Charity Care Applications

Patients who submit a Charity Care Application that is found to be incomplete will be sent an Incomplete Charity Care Application Letter. The Incomplete Charity Care Application Letter informs the patient that their Charity Care application is incomplete and that they are subject to Stony Brook Medicine’s standard billing practices for outstanding accounts. The Incomplete Charity Care Application Letter informs the patient of the reason their application is incomplete and includes instructions on completing it. Some incomplete applications, depending upon the reason, will be returned to the patient along with an Incomplete Charity Care Application Letter. Patients will have 110 days from the date of service to return their completed Charity Care application to Southampton Hospital.

H. Approved Charity Care Applications

The patient and the patient's family members listed on the Charity Care Application are eligible for the Charity Care discount for a length of time of one year from the date of service of their earliest approved service. All services are subject to their individual eligibility requirements. The patient will be sent an approval letter within 30 days of Stony Brook Medicine's receipt of a completed application. The approval letter states the patient's approval status, the patient's effective dates of coverage, the percentage of the applicable rate the patient is responsible for, and installment plan information.

I. Denied Charity Care Applications

A patient, whose Charity Care Application has been denied, will be sent a Charity Care Denial Letter within 30 days of Stony Brook Medicine's receipt of the completed application. If the application was never completed, the patient will be sent a Charity Care Denial Letter within 30 days of the applicable Charity Care Application filing limit. The denial letter states the patient's denied status, the denial reason, payment instructions, and the patient's ability to appeal the denial.

J. Appealing a Charity Care Application Denial

After receiving a Charity Care Denial Letter, a patient will have 30 days from the date the denial was sent to appeal the denial. The denial letter includes an appeal request form. Submission of an appeal request form is not necessary for an appeal to be valid. However, the appeal must be in writing. A verbal request for an appeal will not be considered. An appeal must include a signed statement by the patient, which describes why they should be granted Charity Care including any relevant information, circumstances, or documents to support their appeal. During the appeal process, the patient may disregard all statements for the account that they are appealing until the final determination has been made. The final determination will be made within 30 days of Stony Brook Medicine's receipt of a valid appeal request, at which time, a final determination notice will be sent to the patient.

K. Catastrophic Charity Care

Stony Brook Medicine reserves the right to extend Charity Care coverage to patients who are not otherwise eligible. Stony Brook Medicine reserves the right to increase a patient's Charity Care discount. Catastrophic consideration is given solely at Stony Brook Medicine's discretion.

L. Installment Plans

A patient approved for a Charity Care discount, but unable to pay their reduced bill may set up an installment plan. The monthly payment will be no greater than 10% of the patient's gross family income as reported on their Charity Care application.

M. Collection Agencies

Prior to a Charity Care discounted account being sent to a collection agency, the patient will receive a final statement from Stony Brook Medicine. This statement will inform the patient that they have 30 days to pay their bill in full or to continue making installment payments before their account is sent to a collection agency. Once 30 days have passed since the patient was sent a final collection notice, the patient's account is sent to a collection agency of Stony Brook Medicine's choosing. The collection agency will attempt to collect on the debt in their usual and customary manner. However, prior to the collection agency beginning legal action, the collection agency will submit to Stony Brook Medicine a summons request followed by an affidavit of facts that will be reviewed and approved by Stony Brook Medicine if appropriate.

3. Medicaid Enrollment Assistance

Stony Brook Southampton Hospital offers Medicaid enrollment assistance in certain circumstances to patients in need.

A. Inpatient and Ambulatory Surgery Patients

Stony Brook Southampton Hospital's Medicaid Coordinator will visit each Inpatient and Ambulatory Surgery patient without insurance coverage while the patient is in the hospital. The Medicaid Coordinator will assist the patient in beginning the Medicaid application process when appropriate and follow-up with the patient post discharge to assist in completing the application.

B. Outpatient and Non-Patients

Nassau-Suffolk Hospital Council's Facilitated Enrollers are on site at Stony Brook Southampton Hospital on a monthly basis to assist Outpatients and all persons from the community with the Medicaid application process. The Facilitated Enrollers will assist the applicants with the process through completion, and when appropriate, notify the Hospital that the applicant has received benefits.