

MAIMONIDES MEDICAL CENTER

CODE: FIN-029 (Revised)

DATE: MARCH 25, 2021

ORIGINALLY ISSUED: May 26, 2005

SUBJECT: OUTPATIENT MENTAL HEALTH SERVICES FINANCIAL ASSISTANCE POLICY

I. POLICY

- A. 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 Outpatient Mental Health Services Financial Assistance Policy (“FAP” or “Policy”) implements Maimonides’ financial assistance program for outpatient mental health services, through which patients who lack insurance coverage, have exhausted their health insurance benefits, and are deemed eligible for financial assistance in compliance with this Policy may access free or discounted medically necessary outpatient mental health care.
- B. This Policy applies to outpatient mental health services provided to eligible patients. Fees for emergency mental health services, inpatient psychiatric services, related ancillary services and other medical services are established by Policy FIN-28 (Revised), “Financial Assistance Policy.”
- C. For medically necessary outpatient mental health services, 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 for free or discounted care under this Policy 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 for assistance under the FAP, based on information described in Section III, below.** 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. Maimonides widely publicizes its FAP in accordance with this Policy.

Maimonides makes this FAP, the FAP application form and a summary of the FAP (“Plain Language Summary”) available on a designated Financial Assistance page on Maimonides’ website

(<http://www.maimonidesmed.org/main/FinancialInformation.aspx>). Paper copies of these documents are available upon request and without charge, by mail and at public locations in the Hospital, including admission areas and points of patient service.

Maimonides notifies and informs Hospital patients about the FAP by: offering a paper copy of the Plain Language Summary as part of intake and registration; including a written notice on billing statements that informs recipients about availability of financial assistance under the FAP and includes the telephone number of Psychiatry Cashier/Registration and the direct web site address where copies of the FAP, FAP application form and Plain Language Summary can be obtained; and conspicuous public displays that inform patients about the FAP in public locations in the Hospital, including admission areas and points of patient service. Patients will be informed of Maimonides' FAP by multi-lingual signage.

In addition, the FAP, FAP application form and Plain Language Summary will be translated into the primary languages spoken by populations with Limited English Proficiency ("LEP") serviced by the Hospital each year, including the language spoken by each LEP language group that constitutes the lesser of 1,000 individuals or 5 percent of the community served by the Hospital or the population likely to be affected or encountered by the Hospital. Maimonides will also notify and inform members of the community served by the Hospital that it offers financial assistance under a FAP, and where to obtain more information and documents related to the FAP, in a manner that community members can understand (including translations into relevant languages).

Patients with specific inquiries about financial assistance will be provided with the Plain Language Summary, informed of the related information on the Maimonides Medical Center website, and referred to a *Cashier/Registrar*. Where an individual indicates that he/she prefers to access documents or information about the FAP electronically, Maimonides may provide such documents or information electronically (including on an electronic screen, by email or by providing the direct website address or URL, of the web page where the document or information is posted).

- E. 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.
- F. To the extent that patients are eligible for a publicly sponsored insurance program [e.g.: Medicaid, 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. To the extent patients are eligible for insurance through the Marketplace established under the Affordable Care Act, patients must utilize insurance obtained through the Marketplace for coverage of their treatment rather than the Maimonides financial assistance program.
- G. 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.

H. Financial assistance may be made available, as determined on a case-by-case basis, for copayments and deductibles for patients who do not meet financial eligibility criteria but who face extraordinary medical costs.

I. 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), other than services provided by substantially related entities of the Hospital, as such term is defined under federal regulations.

Attachment B to this Policy lists providers delivering emergency or other medically necessary care in the Hospital that are covered by this FAP, and those that are not covered under the FAP.

II. RESPONSIBILITY

- A. *Cashier/Registrars (Psychiatry)* are responsible for obtaining FAP 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 Senior Vice President for Finance, Director of Reimbursement will be responsible for reviewing any written appeals of the decisions of the *Director, Financial Operations (Psychiatry)*.

III. PROCEDURES

1. General Application Procedures

- A. In order to obtain assistance with the FAP application process, apply for financial assistance under, or obtain additional information about the FAP, an individual may contact the Psychiatry Cashier/Registration at (718) 283-8177, located at 920 48th Street, Brooklyn, NY 11219.
- B. 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 an application and submit it to the Local Department of Social Services or Marketplace on behalf of the patient; or
 - (b) refer the patient to the appropriate local Medicaid office or the Navigator to complete a 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 FAP 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.
- C. The application forms will be translated in accordance with Section I, above. 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.
- D. The FAP 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.
- E. Patients are permitted to apply for financial assistance for at least 240 days from the date that the first post-discharge bill is provided. (See FIN-55, Billing and Collections Policy for more information about application periods). Requests to waive these requirements may be directed to the Director, Financial Operations (Psychiatry) for review.
- F. 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. Eligibility Criteria for Financial Assistance

- A. The maximum charge that may be billed to a patient who receives medically necessary outpatient mental health care at the Hospital, and is eligible for financial assistance under this FAP is known as the Amount Generally Billed ("AGB"). For outpatient mental health services, Maimonides sets the AGB at the total amount Medicaid would allow. Pursuant to the discount fee schedule described in Attachment A, discounts offered to FAP-eligible patients under the FAP are less than or equal to the AGB. Following determination of FAP-eligibility, a FAP-eligible individual may not be charged more than the AGB for medically necessary or emergency care.
- B. As described in more detail below, eligibility shall be based on the following information:

- Place of 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.

- C. 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.
- D. 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. Income is based on the calculation of last four weeks earnings prior to the date of service.
 - Annual, pre-tax income will be the total of the following sources of income, as evidenced by the documentation required on the FAP application:
 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.
 3. Social Security Benefits.
 4. Unemployment & Workmen's Compensation.
 5. Veteran's Benefit.

6. Alimony / Child Support.
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, will be submitted by the *Cashier/Registrar* to the *Director, Financial Operations (Psychiatry)*.

Within 30 days of receipt of the completed application for financial assistance and all required documents, the *Director, Financial Operations (Psychiatry)* will notify the patient in writing whether the application for financial assistance has been approved or denied.

3. Process for Review of Applications and Appeals

- A. If the financial assistance application has been approved, the patient will be informed of the percentage discount for which he or she is eligible and given a detailed explanation of amounts owed. If the financial assistance application has been denied, the written notice shall describe how to appeal the denial and include information on how to contact the Department of Health. FAP-denial notifications must also detail the basis for 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, Financial Operations (Psychiatry)* or his or her designee.
- B. The decisions of the *Director, Financial Operations (Psychiatry)* may be appealed in writing or in person, by appointment, to the *Director of Reimbursement*. Written appeals should be mailed to:

Director of Reimbursement
Maimonides Medical Center
4802 Tenth Avenue
Brooklyn, N.Y. 11219

- C. The *Director of Reimbursement* will review appeals and either recommend reconsideration of the request by the *Director, Financial Operations (Psychiatry)* or disapprove it. If the appeal request is recommended for reconsideration, the *Director of Reimbursement* will consult with the *Director, Financial Operations (Psychiatry)* and the resultant decision will be final. The *Director of Reimbursement* 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 *Director of Reimbursement* will inform the *Cashier/Registrar* and the patient, in writing, as to the appropriate fee, and if the request is disapproved, the *Director of Reimbursement* will advise the *Director, Financial Operations (Psychiatry)* 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. In the event of a missed payment, there will be no acceleration of payments.

IV. **SEPARATE BILLING AND COLLECTIONS POLICY**

The actions that Maimonides may take in the event of non-payment are described in a separate Billing and Collections Policy (FIN-55). This policy is available on a designated Financial Assistance page on Maimonides' website (<http://www.maimonidesmed.org/main/FinancialInformation.aspx>). Paper copies of this policy are available upon request and without charge, by mail and at public locations in the Hospital, including the Emergency Room, admission areas and points of patient service.

V. **ACCESS TO EMERGENCY MEDICAL CARE**

There will be no discrimination in the provision of a medical screening examination and necessary stabilizing treatment against those eligible for financial assistance under this policy. See FIN-34 EMTALA - Medical Screening Examination And Stabilization Policy. Maimonides provides, without discrimination, care for emergency medical conditions to individuals, regardless of whether they are eligible for financial assistance under this FAP. See FIN-34 EMTALA - Medical Screening Examination And Stabilization Policy.

VI. **EVALUATION OF COMPLIANCE WITH LAW**

The Department of Internal Audit shall evaluate compliance with the Financial Assistance Law and this policy at least annually. The results of such audit shall be shared

with the SVP of Patient Accounts, SVP, Finance (Financial Services), the EVP for Legal Affairs and the Compliance Officer.

VII. 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) 283-8177.
- 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 *Senior Vice President for Finance, Director of Reimbursement* 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.



Kenneth D. Gibbs
President & CEO

REFERENCE

Financial Assistance Policy FIN-28 (Revised)
PHL 2807-k(9 and 9-a)
Dear Administrator Letter dated February 15, 2007
Patient Protection and Affordable Care Act §9007(a)
(March 23, 2010) (Adding 501(r) to IRC);
FIN-34 EMTALA - Medical Screening Examination
And Stabilization Policy;
Dear Administrator Letter dated November 15, 2013
26 C.F.R. 1.501(r)-1, 1.501(r)-4 - 1.501(r)-6

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ORIGINATING DEPARTMENT:

ATTACHMENT:

Financial Assistance

Psychiatry

Attachment A: Sliding Scale Fee Chart

Attachment B: Covered and Excluded Providers Under FAP

Psychiatry Financial Assistance Programs Sliding Scale Fee Chart 2021

Outpatient Fee per visit	Medicaid	\$0.00	\$10.00	\$15.00	\$20.00	\$35.00	\$40.00	\$45.00	\$50.00	\$75.00	\$95.00	\$110.00	Full
Rx & Lab Fee per Rx or Test **	Eligible *	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$30.00	Full	Full	Full	Full	Full	Full
Poverty Percent		100%	125%	150%	175%	200%	214%	228%	243%	257%	272%	286%	300%
Family Size	0	12,881	16,101	19,321	22,541	25,761	30,657	35,554	40,450	45,312	50,208	55,105	60,001
1	to	to	to	to	to	to	to	to	to	to	to	to	up
		12,880	16,100	19,320	22,540	25,760	30,656	35,553	40,449	45,311	50,207	55,104	60,000
2	to	to	to	to	to	to	to	to	to	to	to	to	up
		17,421	21,776	26,131	30,486	34,841	39,297	43,753	48,209	52,633	57,089	61,545	66,001
3	to	to	to	to	to	to	to	to	to	to	to	to	up
		17,420	21,775	26,130	30,485	34,840	39,296	43,752	48,208	52,632	57,088	61,544	66,000
4	to	to	to	to	to	to	to	to	to	to	to	to	up
		21,961	27,451	32,941	38,431	43,921	47,793	51,666	55,538	59,384	63,256	67,129	71,001
5	to	to	to	to	to	to	to	to	to	to	to	to	up
		21,960	27,450	32,940	38,430	43,920	47,792	51,665	55,537	59,383	63,255	67,128	71,000
6	to	to	to	to	to	to	to	to	to	to	to	to	up
		26,501	33,126	39,751	46,376	53,001	56,290	59,579	62,868	66,134	69,423	72,712	76,001
7	to	to	to	to	to	to	to	to	to	to	to	to	up
		26,500	33,125	39,750	46,375	53,000	56,289	59,578	62,867	66,133	69,422	72,711	76,000
8	to	to	to	to	to	to	to	to	to	to	to	to	up
		31,041	38,801	46,561	54,321	62,081	64,787	67,492	70,198	72,884	75,590	78,295	81,001
9	to	to	to	to	to	to	to	to	to	to	to	to	up
		31,040	38,800	46,560	54,320	62,080	64,786	67,491	70,197	72,883	75,589	78,294	81,000
10	to	to	to	to	to	to	to	to	to	to	to	to	up
		35,581	44,476	53,371	62,266	71,161	73,283	75,405	77,527	79,635	81,757	83,879	86,001
11	to	to	to	to	to	to	to	to	to	to	to	to	up
		35,580	44,475	53,370	62,265	71,160	73,282	75,404	77,526	79,634	81,756	83,878	86,000
12	to	to	to	to	to	to	to	to	to	to	to	to	up
		40,121	50,151	60,181	70,211	80,241	81,923	83,604	85,286	86,956	88,638	90,319	92,001
13	to	to	to	to	to	to	to	to	to	to	to	to	up
		40,120	50,150	60,180	70,210	80,240	81,922	83,603	85,285	86,955	88,637	90,318	92,000
14	to	to	to	to	to	to	to	to	to	to	to	to	up
		44,661	55,826	66,991	78,156	89,321	90,419	91,517	92,616	93,706	94,805	95,903	97,001
15	to	to	to	to	to	to	to	to	to	to	to	to	up
		44,660	55,825	66,990	78,155	89,320	90,418	91,516	92,615	93,705	94,804	95,902	97,000

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

**The Director of Reimbursement 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 \$4,320 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 Director of Reimbursement or his designee.

Covered and Excluded Providers Under FAP**Providers and Service Settings Covered under FAP**

Providers employed by Maimonides Medical Center (limited to those services provided at the hospital's main campus (including the Emergency Room) or at its Article 28 clinics).

Providers and Service Settings Excluded from FAP

Services Provided by Maimonides Employed Faculty Practice Doctors in their private offices and other settings (i.e., homes)

Erik Altman, M.D.

Advanced Implant and Oral Surgery, P.C. (services provided by Dr. Yuriy Yusupov)

Anesthesiology Associates of Boro Park, LLP

Discreet Plastic Surgery, P.C. (services provided by Dr. Daniel Kaufman)

Fifth Ave Plastic Surgery, P.C. (services provided by Dr. Eric K. Cha)

Gary Kimmel, M.D., P.C.

George Philip Smith, M.D., P.C.

Gila R. Weinstein M.D., PLLC

Himansh Khanna, M.D., P.C.

J.A. Personal Medical Care Practice, PLLC (services provided by Dr. Tshering Amdo and Dr. Shahid Badin)

Jonathan Lazare, M.D., P.C.

Millennium Urology, PLLC (services provided by Dr. Omid Hakimian)

Icahn School of Medicine at Mount Sinai (pediatric nephrology services provided by Dr. Corinne Benchimol, Dr. Hilary Hotchkiss, Dr. Jessica Reid-Adam, or Dr. Jeffrey Saland)

Norman Maurice Rowe, M.D., M.H.A., L.L.C.

New York University School of Medicine (pediatric neurosurgery services provided by Dr. David Harter, Dr. Eveline Teresa Hidalgo, Dr. Donato Pacione, Dr. Jeffrey Wisoff, or Dr. Amanda L. Yun)

NS Medical PLLC (services provided by Nicholas Bastidas, M.D.)

Pediatric Urology Associates, P.C. (services provided by Dr. Steven Friedman or Dr. Jaime Freyle)

R R Plastic Surgery, P.C. (services provided by Dr. Roman Rahyam)

Staten Island Oral and Maxillofacial Surgery, P.S. (services provided by Dr. David Hoffman, D.D.S.)

The Medical and Surgical Eyesite, P.C. (a/k/a Nassau County Ophthalmology, P.C.) (services provided by Dr. Norman Saffra)

University Physicians of Brooklyn, Inc. (a/k/a University Ophthalmic Consultants) (traumatic eye injury services provided by Dr. Kichiemon Asoma, Dr. Sonya Dhar, Dr. Douglas Lazzaro, Dr. Allison Rizzuti, or Dr. Jonathan Zwerling)