

Mount Sinai

MEDICAL CENTER

Department: Patient Access	Policy Number: 19.6.001	Subject: FINANCIAL ASSISTANCE POLICY
Effective Date: 6/16/12 Review /Revision Date: 9/12,11/12,4/13,7/18/13,12/13, 1/30/14,4/24/19, 9/1/23	Policy Originator: Director, Patient Access	Approval: Administration <i>Wayne Chutkan, SVP MSMC</i> Wayne Chutkan

I. PURPOSE:

Mount Sinai Medical Center is committed to providing financial assistance to persons who have healthcare needs but do not have the financial means to pay for services or balances that are their responsibility. Mount Sinai Medical Center strives to ensure that a patient's ability to pay does not prevent them from seeking or receiving the healthcare services that they need.

This policy outlines the:

- Eligibility criteria for financial assistance;
- Method by which patients may apply for financial assistance;
- Basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Measures taken by Mount Sinai Medical Center to widely publicize the policy within the community served and;
- Limitations on charges and actions taken for emergency or other medically necessary care.

This policy is compliant with Internal Revenue Code Section 501 (r) and the Patient Protection and Affordable Care Act of 2010 and may be amended from time to time to maintain compliance.

II. SCOPE:

For purposes of this policy, "financial assistance" pertains to the provision of emergency and other medically necessary care by Mount Sinai Medical Center. Mount Sinai Medical Center's Financial Assistance Policy (FAP) applies to all emergency and medically necessary care provided by the hospital facility itself and its employed physician groups.

Physician groups employed by Mount Sinai Medical Center include:

Mount Sinai Medical Center Urology, LLC
 Mount Sinai Medical Center Cardiology, LLC
 Mount Sinai Cardio-Pricare, LLC
 Neurosurg, LLC
 Radiology of MSMC, LLC
 MSMC Oncology, LLC
 Physician Practices of MSMC, LLC
 MSMC Interventional, LLC
 Mount Sinai Vascular Institute, LLC

Physician groups that are not employed by the hospital facility are not covered by this policy. Non employed groups include but are not limited to Anesthesia Physician Services, Emergency Physician Services, and Pathology Physician Services.

III. DEFINITIONS

Financial assistance (also known as "charity care") is the provision of healthcare services at a free or at discounted rate to individuals who meet the established eligibility criteria.

Presumptive financial assistance, excluding balances after Medicare, is the provision of financial assistance for emergency or medically necessary services to patients for whom there is not a completed Mount Sinai Medical Center Financial Assistance Form due to lack of supporting documentation or response from the patient. Determination of eligibility for financial assistance is based upon individual life circumstances demonstrating financial need.

Family is defined by the U.S. Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption.

- The state law regarding marriage or civil union and the federal guidelines are used to determine who is included in a family.
- In the case of applicants who earn income by caring for disabled adults in their homes, the disabled adult will be counted as a family member and their income included in determination.
- The Internal Revenue Service rules, that define who may be claimed as a dependent for tax purposes, are used as a guideline to validate family size in granting financial assistance.

An **uninsured patient** has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Gross Charges are the total charges at the organization's full established rates for the patient's healthcare services.

Emergency medical conditions are defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd) as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part, or
- With respect to pregnant woman:
 - inadequate time to effect a safe transfer to another hospital before delivery, or
 - That transfer may pose a threat to the health or safety of the woman or the unborn child.

Medically necessary is defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

IV. POLICY STATEMENT:

Mount Sinai Medical Center will provide care for emergency medical conditions to individuals despite their ability to pay or their eligibility for financial or government assistance regardless of age, gender, race, social, sexual orientation, or religious affiliation.

Mount Sinai Medical Center provides financial assistance to eligible persons who have healthcare needs and are uninsured, ineligible for a government program, and otherwise unable to pay for medically necessary care or emergency medical conditions based on their individual financial situation.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Mount Sinai Medical Center procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their ability to pay. Individuals with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.

Mount Sinai Medical Center does place accounts with external collection agencies to pursue any debts outstanding. Mount Sinai Medical Center does not engage in extraordinary collection actions (ECAs) and will not impose ECAs such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable effort to determine whether the patient is eligible for financial assistance. Any exceptions must be approved by the Chief Financial Officer.

A. Eligibility Criteria for Financial Assistance:

- Patients who are legal residents of the United States and
- Receive emergency or other medically necessary care; and are
- Uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need

B. Method by Which Patients May Apply for Financial Assistance

1. Financial need is determined based on an individual assessment which includes, but is not limited to:

- An application process, in which the patient or the patient's guarantor is required to cooperate and supply relevant personal, financial and other information and/or documentation. If Mount Sinai Medical Center is unable to obtain an application from the patient or the patient's guarantor, Mount Sinai Medical Center will consider whether the patient is eligible for presumptive financial assistance;
- The use of an external publically available data source that provides information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
- Reasonable efforts by Mount Sinai Medical Center Business Office to explore appropriate alternative sources of payment and coverage from both public and private payment programs, and to assist patients to apply for such programs;

- The patient's available assets, and all other financial resources available to the patient
- A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history

2. It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to the rendering of non-emergent medically necessary services. However, this determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated based upon the time lapse associated with the approval of any prior financial assistance application, or at any time additional information relevant to the patient's eligibility for financial assistance becomes known.

3. Appeals Process: If Mount Sinai Medical Center denies partial or total financial assistance then the patient (or his/her agent) can appeal the decision within 30 days. The patient must write a letter to the Business Office Director to explain why the decision made by Mount Sinai Medical Center was inappropriate. The appeal letter will be reviewed by Mount Sinai Medical Center and a final decision will be sent to the patient within 30 days of the receipt of the request for appeal.

B. Determination of Amount of Financial Assistance

Patients who qualify for financial assistance under this Financial Assistance Policy will be given an automatic reduction of gross charges. Reductions in charges are determined based upon the "look back" method through which amounts generally billed (AGB) are calculated. Mount Sinai Medical Center reviews actual claims paid in the last 12-months to calculate AGB, which is based upon an average of Mount Sinai Medical Center's negotiated commercial rates.

Individuals may obtain free, written information on these calculated reductions of gross charges by contacting Customer Service at (305) 674-2130.

C. Communication Regarding the Mount Sinai Medical Center Financial Assistance Policy to Patients and Within the Community.

- Any Mount Sinai Medical Center staff member or agent including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors may refer patients for financial assistance. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- Free Information regarding Financial Assistance Policy, Billing/Collection Policy and Emergency Medical Care policy from Mount Sinai Medical Center is:
 - On Mount Sinai Medical Center's Website, (www.msmc.com),
 - posted in patient care areas,
 - available in the registration and admitting departments,
 - available in other public spaces as determined by Mount Sinai Medical Center,

- Is provided in the primary languages spoken by the population serviced by Mount Sinai Medical Center; translation services are utilized as needed. Patients may request a translated copy of this policy in patient care areas or from financial counseling departments, or by calling (305) 674 -2130.
- Financial Counseling services are also provided, in but are not limited to, the following points of service:
 - Registration areas;
 - Inpatient hospital rooms;
 - Direct contact with patients or their families;
 - Emergency Room;
 - Billing and Collections;
 - Other entities within the Mount Sinai Medical Center

FINANCIAL ASSISTANCE APPLICATION

1. PATIENT NAME _____ SS# _____
2. PARENT NAME (if patient is minor) _____ SS# _____
3. SPOUSE NAME _____ SS# _____
4. ADDRESS WHERE YOU CURRENTLY RESIDE: _____

5. MAILING ADDRESS (if different from above): _____

6. NUMBER OF PERSONS IN FAMILY _____
7. INCOME VERIFICATION

(List all persons who reside in your household)

Name	Relationship to Patient	Employer Address	Monthly Income

8. TOTAL FAMILY INCOME FOR THE LAST 12 MONTHS \$ _____ LAST 3 MONTHS \$ _____.
9. Is there any other income in the family? _____ (if yes, list source and monthly amount)

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10. MONTHLY EXPENSES

RENT/MORTGAGE	\$	TRANSPORTATION	\$
CAR PAYMENT #1	\$	CHARGE ACCOUNTS	\$
CAR PAYMENT #2	\$	CHILD SUPPORT	\$
UTILITIES	\$	OTHER	\$
FOOD	\$	TOTAL	\$

11. Have you applied for Public Assistance (i.e. MEDICAID, SSI) to assist with your medical bills? _____.
What was the outcome of your case? _____.

12. Is there any other information you would like us to take into consideration when reviewing your request?

I understand that the information I have submitted above is subject to verification by Mount Sinai Medical Center. I certify that the above information is true and accurate and understand that in accordance with Florida Statue 817.50, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree.

I agree to apply for any assistance, i.e., Medicaid, SSI, etc. which may be for payment of my hospital charges and I will take any action necessary to obtain such assistance. I understand that the hospital may re-evaluate my financial status at any time.

I hereby authorize Mount Sinai Medical Center or its representative to perform a credit and employment verification.

Signature of person completing application

MIA 292697-2.064061.0011

Date

Witness