



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

ST. JOHN'S EPISCOPAL HOSPITAL
CHARITY CARE (ST JOHN'S CHOICE)
&
FINANCIAL ASSISTANCE PROCESS
(Revised August 24, 2022)

{ADDENDUM B}



**CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS
ST. JOHN'S CHOICE**

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FINANCIAL ASSISTANCE PROGRAM SUMMARY

St. John's Episcopal Hospital is a not-for-profit hospital whose mission is to render medical care to all persons in need of urgent or emergency medical care, regardless of their ability to pay or their source of payment for services. We have a policy for our billing office to follow that sets guidelines for levels of assistance dependent upon the financial situation.

If your health insurance coverage benefits do not adequately cover your medical expenses, we can work with you to arrange a manageable payment plan. A representative will meet with you to review your individual financial situation to determine if you qualify for financial assistance, either in the form of government assistance, an individual payment plan or for Charity Care.

If you qualify for our Charity Care Program, your facility-billed charges will be reduced to a "flat-fee" or a percentage of the facility's applicable Medicaid Rate for Inpatient and/or Outpatient service types, or to a percentage of charges. The final discounted amount will depend on the type of service rendered (see Financial Assistance Addendum A – Charity Care Grid for specific amounts by service types). Physician professional bills from our St. John's Medical Services, P.C. (D/B/A St. John's Medical Group) will apply a "flat-fee" and/or percentage of charges according to the applicable charity group level—all other professional services are excluded and financial hardship should be addressed directly with the billing entity. Refer to the "List of physicians covered and NOT covered by Hospital's Financial Assistance Policy" (Addendum C).

It is important to let us know as soon as possible that you may have trouble paying your bill. We urge you to arrange a meeting with our Financial Screening Department. For Inpatient and Outpatient assistance, please call 718-869-7077 to arrange a meeting or stop by the Finance Department located in the hospital at Room CP156, first floor, during normal business hours (9:00 am to 3:00 pm), or at the Margaret O. Carpenter Women's Health Center, 3rd Fl, 718-869-7500 extension 1357. You may also speak about the financial assistance plan with the staff where you are seeking care.

The process to apply for charity care from St. John's Episcopal Hospital is as easy as A-B-C:

- A. Please arrange a visit with our Inpatient or Outpatient Financial Counselors. The staff from your respective service area can direct you.
- B. Our Financial Counselors will confidentially review your situation to see if you qualify for some form of government or other financial assistance.
- C. We will confidentially review your income and assets to determine your charity care needs, and/or whether other forms of assistance are available. If you cannot qualify for government assistance and we determine you qualify for charity hospital care, we will then provide you with a letter stating that all or part of your hospital care will be covered.

Please Note:

1. St. John's Episcopal Hospital can only provide charity hospital services. You must arrange for other health services (such as physician care, dental care, eyeglasses or prescription drugs) with individual doctors and other non-profit or government agencies for those services.
2. Upon submission of a completed application, including any information or documentation needed to determine the patient's eligibility pursuant to the hospital's financial assistance policy, the patient may disregard any hospital bills* until the hospital has rendered a decision on the application.

*This note only applies to hospital bills (not physician bills, which you will have to address directly with the professional provider).



SERVICE AREA(S) & COLLECTION POLICY

**ST. JOHN'S EPISCOPAL HOSPITAL CHARITY CARE
(ST JOHN'S CHOICE)**

- A. Everyone living in the five boroughs of New York City and Nassau County can get a discount on non-emergency, medically necessary services if they meet the income limits. No one will be denied medically necessary care because he/she is in need of financial assistance.
- B. Everyone in New York State who needs emergency services can receive care and get a discount if they meet the income limits.
- C. No charity care will be given for cosmetic surgery admissions or procedures that are not medically necessary.
- D. Hospital will follow its **collection policy** on any outstanding balances after applicable charity care adjustments have been applied:
 - a. An account may be referred to collection / bad debt if it meets one or more of the following criteria:
 - i. Self-pay balance not paid within 120 days after bill date when all reasonable follow-up efforts have been exhausted.
 - ii. Patient/Guarantor advises Patient Accounts staff that they do not intend to pay the balance.
 - iii. Patient communication via mail and/or telephone is unsuccessful due to bad information and/or is not responded to by patient/guarantor.
 - iv. Patient fails to meet agreed payment plan, at which point the billing system moves the account to the next phase of billing in order to meet the required number of statements (four) prior to transfer to collection / bad debt.
 - b. If a Self-pay account that has been billed remains unpaid for over 120 days and all reasonable collection efforts have been exhausted, the account will be referred to bad debt. Reasonable collection efforts include:
 - i. Sending an initial Self Pay bill (statement) for the balance and subsequent statements at 31 days, 61 days, and 91 days from bill date.
 - ii. Reviewing previous accounts in the hospital's billing system to determine if a valid third party payer exists for the particular date-of-service.
 - iii. Self-pay "sweeps", via the established vendor, to determine Medicare and/or Medicaid eligibility as well as any managed care plans linked to said coverage.



**ST. JOHN'S CHOICE: CHARITY HOSPITAL CARE:
GUIDING PRINCIPLES OF UNDERSTANDING AND RESPONSIBILITIES**

St. John's Episcopal Hospital's policy assures that patients receive medically necessary hospital services, regardless of their ability to pay. Physician services, outpatient medications and other non-hospital health services are not controlled by St. John's Episcopal Hospital, and therefore are outside our hospital's policy. It is recognized that St. John's Episcopal Hospital and other hospitals have limited abilities to absorb rising levels of free and under-reimbursed care. The patient shares a responsibility to work cooperatively with the hospital's billing office, insurers, and government agencies to reimburse the hospital for the services the patient receives. When payment funds are not available, the hospital shall inform a qualified patient that his or her bill has been forgiven.

The following points further clarify the principles of understanding regarding the hospital and patients shared responsibilities:

1. Having no insurance does not mean the person automatically qualifies for St. John's Choice. Similarly, having some level of coverage does not automatically preclude the hospital from discounting some or the entire uncovered portion of patient's bill as charity care.
2. The charity care-application process will include an agreement by the applicant, to cooperate with the hospital, to pursue all appropriate funding options in a timely manner. Based upon a patient's circumstances, the options could include:
 - Medicaid/Medicare/Supplemental Security Income via Social Security Disability
 - Other entitlements
 - Assignments of any hospital services reimbursement received through other sources, lawsuits, etc.
 - Payment plans (monthly payments cannot exceed 10% of the patient's gross monthly income)
 - St. John's Choice charity care (full/partial)
3. The patient will agree to provide accurate information and respond quickly to calls or letters requesting required information.
4. The charity care-application process shall be as streamlined as is feasible while providing a full consideration of income and assets available to cover the bill. Assistance will be provided by St. John's Episcopal Hospital to help patients complete any necessary forms. This shall include the assistance of a language translator should the need arise.
5. St. John's Episcopal Hospital's open door policy and St. John's Choice charity care-application process shall be clearly posted in public areas and in admission materials.
6. Arrangements with physicians for their services are the responsibility of the patient.



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

Dear Patient:

Thank you for using St. John's Episcopal Hospital. It has been our privilege to be of service. Part of the mission of St. John's Episcopal Hospital is to deliver medical care to all persons in need, regardless of their ability to pay.

If you are unable to pay all or part of your hospital bill, our Financial Assistance Office will review your situation to determine if you qualify for government assistance, to establish a monthly payment plan or determine if you are eligible for Charity Care.

You should come to our Financial Assistance Office located in the hospital, Room CP156, first floor, during normal business hours (9:00 am to 3:00 pm), or at the Margaret O. Carpenter Women's Center, 3rd Fl. You may also call us at (718) 869-7077 or speak with the staff in the department where you are seeking care. Please advise the financial counselor if you need an interpreter. Before you come, please complete Section I of the enclosed *Application for Financial Assistance* form. Even if you cannot come to our Financial Assistance office, please complete Section I of the *Application for Financial Assistance* form and return it to the Hospital right away. The information will be used to determine if assistance is available for your Hospital bill. Forms may be obtain at the Registrar's desk in each Hospital service area. You may also request a copy of the form by calling (718) 869-7077 (hospital location), or 718-869-7500 extension 1357 (Margaret O. Carpenter Women's Health Center) and we will mail it to you.

St. John's Episcopal Hospital works hard to provide high quality care and service to our community and beyond. You can be part of our efforts to provide quality care to everyone who comes through our doors by filling out the form and bringing it to the Financial Assistance Office.

Sincerely,

Bertrand Batista
VP Revenue Management & Financial Services



**ST. JOHN'S CHOICE
CHARITY CARE OR FREE CARE POLICY PROCEDURE**

General Guidelines:

St. John's Choice is a program where charity or free care is applied to medical care provided to low income, uninsured, or under-insured people by a hospital or other provider for which it does not expect to be paid.

St. John's Episcopal Hospital uses a consistent process to consider an individual's need for Charity Care based upon each patient's demonstration of inability to pay for their services or have their services covered by another payment source.

General guidelines are utilized which take into account a person's current outstanding and/or anticipated expenses for routine medical services at St. John's Episcopal Hospital, as well as the total service that the patient may require and the patient's potential resources that could be applied towards reimbursement for services.

St. John's Episcopal Hospital will assist patients in making a determination regarding whether or not the patient may be able to qualify for some form of entitlement through a governmental program. St. John's Episcopal Hospital will need the patient to assist in this determination and potential application process.

The application for St John's Choice is not and cannot serve as a substitute for existing government entitlement or other assistance programs. When it is determined that the patient has minimal resources and cannot qualify for assistance from any of the entitlement program, either 100% or partial charity will be granted. However, in the event that an individual has significant assets, the hospital may secure its interest in those assets as appropriate.

**CRITERIA FOR DETERMINATION OF THE ST. JOHN'S CHOICE
CHARITY AMOUNT**

The criteria for determining the amount of charity care for which a patient is eligible at the time of an occasion or service should include the following factors:

1. Individual or family income
2. Individual or family net worth
3. Employment status
4. Family size
5. Other financial obligations
6. The amount and frequency of bills for health care
7. Other sources of payment for the services rendered



PROCESS OF THE ST. JOHN'S CHOICE: CHARITY APPLICATION

1. Staff will work with individuals, face to face or by letter, to gather the necessary information.
2. The applicant's eligibility for government assistance or entitlement programs will be reviewed; i.e., medical assistance (Medicaid/CHCEP) (*Catastrophic Health Care Emergency Program*)
3. The income chart contained in this guideline, disposable income computations, and the availability of other assets will all be used to help determine if the person qualifies for charity.
4. Charity care-applications are reviewed by the management team, in coordination with the Director of Patient Accounts, to ensure consistency and continuity.
5. Generally, within 30 days of receipt of all necessary information, the Hospital will inform the applicant of any options that may exist for government assistance, payment plans, or charity care allowance. Once these options no longer exist, the Hospital will inform the applicant via letter or phone call of its charity decision.

INCOME GUIDELINES

In order to provide free care to individuals with income below 400% (FPG) of the federal poverty guidelines, the Hospital refers to the Base on Federal Poverty Guidelines (FPG) effective for the current year FPG change.

For individuals having an income below 400% (FPG) of the federal poverty guideline and is in a household meeting the federal poverty guidelines, they may qualify to have their bill reduced via charity adjustment when:

- ✓ They are not able to qualify for any other assistance
- ✓ They have cooperated in attempting to qualify
- ✓ They do not have other resources to cover the bill



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

INFORMATION USED TO EVALUATE DETERMINATION OF CHARITY

In order to fairly administer these guidelines, applicants will be asked to provide and fill out a St. John's Choice Charity Care application (attached.) The patient will attest to the accuracy of the following information:

- ✓ Family size. Household composition.
- ✓ Gross monthly income of the household and from what sources.
- ✓ Reasonable monthly expenses of the household.
- ✓ Other resources/assets of the household
- ✓ St. John's staff will determine if the patients qualify for one of the assistance programs available in the community. Coverage considered will include, but not be limited to, Medicaid, Medicaid via SSI, County Assistance, and CHCEP Program. St. John's staff will assist the patient in applying for these community programs.

OTHER ASSETS/RESOURCES

In considering other assets or resources, which an individual might be able to apply to pay their bill, a review of the patient's assets will be conducted. However, St. John's Episcopal Hospital will not consider that the following assets/resources be liquidated in order to qualify for charity care. For patients with income levels of 150% or lower of the federal poverty guidelines, we will consider assets on a case-by-case basis

The following asset categories will always be exempt:

- ✓ Federally qualified personal retirement funds
- ✓ Sole residence
- ✓ Automobile(s) required to maintain family income
- ✓ Savings or similar assets (i.e.: CDs, stocks, etc.) with a value of less than two months of federal poverty guideline income



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

HHS FEDERAL POVERTY GUIDELINES 20XX

["XX represents the year (i.e.: 2022)"]

Federal Poverty Guidelines (searchable at site below)

<https://www.federalregister.gov/>



ST. JOHN'S EPISCOPAL HOSPITAL

EPISCOPAL HEALTH SERVICES INC.

Date: _____

SERVICE DATE: _____

MEDICAL RECORD #: _____

Dear _____:

Attached is the form to complete for applying to the St. John's Choice charity care program, and additional related program information. Please be sure to complete all questions on this form, sign it and return to us as soon as possible so that your application can be process.

If you have, any questions feel free to call me at (718)869-7077 (hospital location), or 718-869-7500 extension 1357 (Margaret O. Carpenter Women's Health Center).

Return the completed form to, the applicable site address:

St. John's Episcopal Hospital
327 Beach19th Street
Far Rockaway, NY 11691
Attn: Financial Assistance Program / CP-156

Margaret O. Carpenter Women's Health Center
105-20 Rockaway Beach Blvd
Rockaway Park, NY 11694
Attn: Financial Assistance Program / 3rd Fl

Thank you.

Very truly yours,



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

CHARITY CARE APPLICATION

Name _____ Telephone _____
Address _____

Account Number _____
Medical Record Number _____

Dependents of Applicant (LIST YOURSELF FIRST)

Name(s)	Relation	Sex	DOB	Birthplace

If you or any member of the household is pregnant, list name _____ and due date _____

INCOME TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Salary (Net)	\$	Child Support	\$
Unemployment Benefits	\$	Rent/Mortgage	\$
Pension	\$	Direct Purchase Health	\$
Social Security	\$	Ins	\$
Annuity	\$		\$
Dividends/Interest	\$		\$
Rental Income	\$		\$
Alimony	\$		\$
Other Income	\$		\$
	\$		\$
SUBTOTAL INCOME	\$	SUBTOTAL EXPENSE	\$

NET INCOME CALCULATION (INCOME-EXPENSE) _____

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Patient's Signature _____

Application completed by: _____ Date: _____



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

INFORMATION USED TO EVALUATE DETERMINATION OF CHARITY CARE

In order to fairly administer Charity Care guidelines, applicants will be asked to provide and fill out the attached form. St. John's Episcopal Hospital will verify (when necessary) the following information:

- Types of services received or anticipated (i.e., is it a chronic condition that may qualify for other forms of government assistance or other significant expenses anticipated?)
- What is the family size?
- What is the gross monthly income of the household and from what sources?
- What are the reasonable monthly expenses of the household?
- What kind of other resources/assets does the household have?
- Can the patient qualify for one of the assistance programs available in the community? (Coverage considered will include, but not be limited to, Medicaid, Medicaid via SSI, County Assistance, and CHCEP Program)

DOCUMENTATION REQUIRED FOR PROOF OF INCOME

Please submit one of the following documents to be reviewed for possible charity care:

- Income tax return, or if no return filed, letter from employer verifying income for last four (4) pay periods.
- Unemployment insurance stubs.
- Support payments divorce or separation.
- Retirement benefits, workers' compensation, pension.
- Letter of support from responsible party, with income documentation

Please be sure to complete all questions on both sides of this form and return it to us as soon as possible for management's review as follows:

St. John's Episcopal Hospital
327 Beach 19th Street
Far Rockaway, NY 11691
Attn: Financial Assistance Program / CP-156

Margaret O. Carpenter Women's Health Center
105-20 Rockaway Beach Blvd
Rockaway Park, NY 11694
Attn: Financial Assistance Program / 3rd Fl

NOTE: Tel# 718-869-7077

NOTE: Tel# 718-869-7500 Extension 1357