# **Blythedale Children's Hospital Financial Assistance Policy**

Effective Date: October 20, 2024

**Purpose:** Blythedale Children's Hospital (BCH) is committed to providing several forms of financial assistance to New York residents under the age of 19, who require medically necessary services offered by the Hospital. This policy aims to ensure that the financial capacity of individuals seeking health care services at the Hospital are not prevented from receiving necessary medical care. It outlines the eligibility criteria, application process, and billing procedures for financial assistance in accordance with New York State law.

**Scope:** This policy applies to all patients receiving direct health care services at Blythedale Children's Hospital, regardless of income level, eligibility for financial assistance, or the type of provider from which the patient receives direct health care services.

## **Definitions:**

- **Underinsured:** Individuals with out-of-pocket medical costs accumulated in the past 12 months amount to more than 10% of their gross income.
- Federal Poverty Level (FPL): A measure of income issued annually by the Department of Health and Human Services used to determine eligibility for various programs.

## **Eligibility Criteria:**

- Patients without health insurance and earning up to 400% of the FPL are eligible for financial assistance at Blythedale Children's Hospital.
- Underinsured patients earning up to 400% of the FPL are eligible for financial assistance.
- Immigration status shall not be considered when determining eligibility.
- Patients' assets (such as house, car, etc.) may not be considered. Eligibility for financial assistance is determined solely **on household income.**

#### **Application Process:**

- Blythedale Children's Hospital uses the New York State Uniform Financial Assistance Application for patients applying for financial assistance.
- Blythedale Children's Hospital will provide applicants with our financial assistance policy in writing at the intake and registration process and at discharge.
- Patients may apply for financial assistance at any point, starting from the date of service and throughout the collections process.

• Blythedale Children's Hospital may require that patients first apply for Medicaid, Essential Plan, or other public insurance programs (provided their immigration status does not make the patient ineligible for any of these programs).

## Discount Schedule:

- Blythedale Children's Hospital will waive all charges for individuals with incomes below at least 200% of the FPL.
- For patients with incomes between 200% and up to 300% of the FPL:
  - Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid.
  - Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to a patient's insurance cost sharing.
- For patients with incomes between 301% and up to 400% of the FPL:
  - Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid.
  - Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such a patient's insurance cost sharing.
- Monthly payment plans for patient medical bills may not exceed 5% of the patient's gross monthly income, and interest rates on unpaid debt cannot exceed 2%.

# **Collections Policies:**

- Blythedale will not require patients to pay a hospital bill while their application for financial assistance is being considered.
- Blythedale will not pursue lawsuits to collect unpaid balances before 180 days from the first medical bill, regardless of a patient's eligibility for financial assistance.
- Lawsuits are prohibited against patients under 400% FPL.
- Blythedale Children's Hospital is prohibited from selling any patient debt to a third party unless the third party intends to forgive all debt and does not intend to pursue any collections.

# Reporting:

• Blythedale Children's Hospital reports to the Department of Health the number of people that have applied for financial assistance annually, including their age, gender, race, ethnicity, and insurance status (aggregated data). This data will be reported on the Institutional Cost Report (ICR), in the updates to Exhibit 50.

## **Consumer Protections:**

- Credit card pre-authorization: Blythedale Children's Hospital and health care providers may not require credit card pre-authorization or require the patient to have a credit card on file prior to rendering emergencies or necessary medical services.
- Credit card risk notification: Patients must be notified of the risks of paying for medical services with a credit card each time a credit card is used to pay for services.

## **Provider information:**

• Completed financial assessments will apply to the professional charges. Providers covered under BCH FAP include all inclusive of Part A (Hospital) and Part B (Physician) services. BCH does not contract or bill with any outside physician groups.

## Assistance and methods for applying:

- Applications and assistance in completing applications are available for free:
  - Online (https://www.blythedale.org/new-patients/finances-insurance);
  - At the BCH Campus located at 95 Bradhurst Ave, Valhalla, NY 10595;
  - By calling the Patient Financial Services/Patient Accounts at (914) 831-1786.
- Completed applications cannot be mailed in; they must be submitted in person.

#### Policy and plain language summary access:

- A copy of this policy and the plain language summary are available for free:
  - Online (https://www.blythedale.org/new-patients/finances-insurance);
  - At our BCH Campus located at 95 Bradhurst Ave, Valhalla, NY 10595;
  - Patient Financial Services/Patient Accounts at (914) 831-1786;
  - Emailing LCoppolino@blythedale.org