

EXHIBIT A
CHARITY CARE AND FINANCIAL AID POLICY
CHECKLIST

The determination for Charity Care or Financial Aid should be re-evaluated (a) for each inpatient admission, and (b) at least every 12 months for outpatient services. If a change in financial circumstances is identified earlier, an updated evaluation should be completed.

1. The following criteria should be reviewed at the time of the application, and may be reviewed, as necessary upon each subsequent inpatient admission or outpatient visit:

The patient must reside in the Institution's Service Area*, which is defined to be the following: the five boroughs, to include The Bronx, New York, Queens, Kings and Richmond and the county of Westchester. For emergent services all New York State zip codes are included. In extraordinary circumstances, persons residing outside the Service Area may be considered for Charity Care and Financial Aid, subject to the approval of the Chief Financial Officer, in consultation with the patient's attending physician or the Medical Director.

- a. Gross income generally should fall within 300% Federal Poverty Guidelines** with consideration to family size, geographic area and other pertinent factors, all as set forth in Appendix A.
- b. Verification of Income should be provided with the application. Acceptable verification may include:
 - i. Prior Year Tax Returns
 - ii. Current Pay Stubs
 - iii. Written verification of wages from Employer
 - iv. Unemployment Letter
 - v. Social Security check
 - vi. Bank Statement
 - vii. Disability check

* Patients accessing services at sites which receive funding under Federal Section 330 eligible for Charity Care/Financial Aid without regard to their place of residence.

**Federal Section 330 grant funds shall not be used to provide any charity care/financial aid to patients whose income falls between 201% and 300% of the Federal Poverty Guidelines.

For categories = < 200% Federal Poverty Guidelines no assets are to be considered in determining eligibility.

For categories => 201% and =< 300% Federal Poverty Guidelines the following assets are not to be considered in determining eligibility:

- The patient's primary residence
- Tax deferred or comparable retirement savings accounts
- College savings accounts
- Cars used by the patient or the patient's immediate family

c. Current employment status.

2. If a patient does not receive governmental benefits, such as Medicaid, HMO/Managed Care coverage, but it appears that he/she would qualify, the patient will be requested to apply for such benefits and Staff will assist the patient with the application. If the application is denied, the patient will be considered for Charity Care or Financial Aid under this Policy. If the application is accepted, the patient may still be considered for Charity Care or Financial Aid under this Policy as a secondary coverage.
3. Determine the appropriate amount of Charity Care or Financial Aid based upon the Sliding Fee Scale. A patient who can afford to pay for a portion of the services will be expected to do so.
4. If the patient does not pay the amount deemed to be his/her responsibility, the uncollectible remainder would become bad debt.
5. Homeless patients without a valid address who have not been approved for a funded program will be considered for Charity Care or Financial Aid under this Policy.
6. While patients who fall within the Sliding Fee Scale will be eligible for Charity Care, a patient's status should be re-evaluated if and when:
 - a. A new source of insurance or health care funding is identified;
 - b. A change in income is identified;
 - c. A change in family size is identified, or
 - d. Part of the patient's account is written off as a bad debt or is in collection.
7. All pertinent documents supporting a patient's eligibility under this Policy should be copied and included in the patient's record. Initial approvals of applications under this Policy should be based on the supervisor's review of the documentation submitted by the patient.
8. All Registrar/Receptionist, Patient Access Associates, Financial Investigators, Administrators, or Central Registration Staff who interact with the patient should advise the patient of this Policy.
9. If the patient, hospital, hospital representative/agent chooses to use an alternate method of application process/verification of income and household size, TransUnion Healthcare would be the alternate option.
 - a. TransUnion's file to contain but not limited to:
 - i. Household monthly income (To be multiplied by 12 months)
 - ii. Family size
 - b. Information to be used to calculate Charity Care assignment by using Exhibit B1