

# **Hospital Free Care Programs**

## **A Study of Sixteen Long Island Hospitals**

### **Part II of Hospital Community Benefits and Free Care Programs**

Long Island Health Access Monitoring Project  
The Long Island Coalition for a National Health Plan  
P.O. Box 382 Hicksville, N.Y. 11802-9998

**April 2003**

## **Preface**

---

This report is a sequel to our first study “Hospital Community Benefits and Free Care Programs” which was released in March, 2001. The original study contains background information, the survey protocol and a review of N.Y. State’s laws and regulations that pertain to hospital community benefits and charitable care. None of this information is repeated herein.<sup>a</sup>

The purpose of this additional study is to report on a second, more limited survey of all remaining, tax exempt hospitals on Long Island. This second survey looked only at Free Care Programs and did not extend to Community Benefits per se, as the first study did. The methodology was identical to that used in the first survey.; telephone calls were made on behalf of uninsured community members and social service agencies, and visits were made by community members associated with faith-based organizations 227 phone calls were made in total and 27 on-site visits conducted. Some of the surveyors from the first study participated in the new effort. They were supplemented by uninsured individuals and volunteers from various parish outreach groups and by undergraduate and graduate students from the Health Professions and Family Studies Department at Hofstra University. As before, all uninsured surveyors were paid a small stipend for their work.

Upon the release of the first study, meetings were held with the CEO’s and administrative staff at all the hospitals that were included in the study. The purpose of these meetings was to share the findings and to make recommendations for changes.

Positive changes were quickly put in place by three hospitals, while the remaining four hospitals instituted changes much more slowly. Over a two year period hospitals and their affiliates continued to make changes to their charity care policies, so that improved charity care policies resulted in additional hospitals beyond those studied. The N.Y. State Dept. of Health also began to monitor hospital community benefits reporting more stringently throughout N.Y. State, insisting on the separation of bad debt dollars from charity care dollars in the annual reports that hospitals are obliged to submit.

Because of these evolving changes, it was felt that a second study needed to be done in order to find out if the changes affected behavior at other hospitals on Long Island which had not been included among the original seven. Project directors wanted to use prior experience in order to encourage those hospitals that had not adopted any changes to improve their policies. Thus a second survey was undertaken, which encompasses the sixteen remaining tax-exempt, not-for-profit hospitals on Long Island

Financial support for this work came from Community Catalyst’s *Community Health Assets Project* which is supported by the W. K. Kellogg Foundation and from the Long Island Unitarian Universalist Fund. Community Catalyst continued to provide technical assistance.

## **KEY FINDINGS**

---

<sup>a</sup> See our website <http://www.rooseveltlongisland.org/licnhp/> for additional information on the methodology.

- At none of the 16 hospitals did staff consistently inform surveyors that free care was available to low income, uninsured individuals.
- Only three hospitals provided a written free care policy upon request
- Only 33 of 94 surveys indicated that any kind of discount, sliding fee scale or charity care was available. Most of this information was obtained only after making numerous phone calls and/or extensive inquiries by on-site visitors.
- Uninsured surveyors had a much harder time obtaining responses to their questions than surveyors calling from community agencies or volunteers making on-site visits. Non-English speaking surveyors were almost never able to obtain information on free care from any of the hospitals.
- Only at 6 hospitals were any of the non-English speaking surveyors able to have their questions answered. Question: by telephone? In person?
- Staff at the general information telephone number, for the most part, did not know who could give surveyors information on free care.
- At most hospitals, staff in the billing department did not know if free care was available
- Many surveyors were transferred several times from one staff member to another.
- Some surveyors were told to go elsewhere for free care. They were referred to community outreach programs, county clinics, NUMC or Stony Brook Hospital.
- At 7 hospitals one or more surveyors said they were treated rudely.
- Based on their experience, many uninsured surveyors said they would not feel comfortable in seeking care at the hospital they surveyed.

**Selected findings and observations for each of the hospitals in the survey are as follows:**

## **SUFFOLK HOSPITALS**

### ***BROOKHAVEN MEMORIAL HOSPITAL***

- Four of seven people who surveyed the hospital were told about a charity care program and/or received [?] a charity letter.
- A copy of the letter and a charity care program application was faxed to the community agency representative.
- No signs were posted indicating the availability of free or reduced fee care.
- Only English speaking callers were able to obtain information on free care. One non-English speaking caller was told about a low-cost “medical center” and given a phone number.
- Two of the volunteers were transferred many times and one of the non-English speaking callers was treated rudely and was unable to communicate with anyone in her own language.
- Based on their experience, two of the surveyors would not feel comfortable returning to the hospital for service.

### ***CENTRAL SUFFOLK HOSPITAL***

- Three of six surveyors were told about a “hardship program” or a “charity letter”.
- A copy of the letter was mailed to one of the agency representatives and given to one on-site visitor.
- No signs about free or charity care were posted.
- Only one of the two non-English speaking surveyors was able to communicate in her language and she was unable to obtain any information about free care except for a local county clinic.
- There was no undue transferring of calls and all volunteers were treated respectfully.
- None of the surveyors indicated that he or she would be unwilling to return for care.
- No one reported being treated rudely.

### ***EASTERN LONG ISLAND HOSPITAL***

- One of seven surveyors was told about a free care program (an on-site visitor).
- No written policy was available.
- No signs about free or charity care were posted.
- Neither of the non-English speaking callers had trouble communicating.
- Both non-English and one of the English speaking surveyors were told about a local low cost, private clinic.
- Two surveyors were transferred many times(one agency-based and the uninsured).
- One of the non-English speaking callers stated that he would not feel comfortable returning to the hospital for care.
- No one reported being treated rudely.

### ***JOHN T. MATHER MEMORIAL HOSPITAL***

- Two of five volunteers were told that there is a charity care policy for those who qualify.
- No written policy exists and no policy is posted.
- The non-English speaking surveyor was unable to communicate with anyone during her three calls.
- None of the surveyors was transferred many times.
- Two of the uninsured surveyors did not feel comfortable about returning to the hospital for care.
- No surveyor reported being treated rudely.

### ***SAINT CATHERINE OF SIENNA MEDICAL CENTER***

- Of the five surveyors, only the on-site visitor, who found a staff member she knew, was able to find out that there was a possibility of negotiating a reduced fee.

- There is no written charity care policy and there are no signs posted about charity care.
- Some surveyors were told to go to a clinic. One was specifically told to go to a clinic at Stonybrook Hospital.
- Out of six calls made in a language other than English, only one reached a staff person who could communicate with the surveyor and one of these callers stated she was treated rudely.
- The agency-based representative was transferred many times.
- All of the three uninsured callers said they would not feel comfortable returning to this hospital for care.

### ***SAINT CHARLES HOSPITAL AND REHABILITATION CENTER***

- Three out of five surveyors were told that there is a charity care policy.
- Two of those were sent letters, instructions and an application. One also received a copy of a charity care policy.
- No signs about free care were posted.
- In two of the three calls made by the non-English speaking surveyor, she was unable to communicate with anyone. During the third call, she was unable to elicit information about charity care
- The community agency representative was transferred many times.
- The non-English speaking surveyor stated that she would not feel comfortable returning to the hospital for care.
- No one reported being treated rudely.

### ***SOUTHAMPTON HOSPITAL***

- Three out of five surveyors were told about the Hill Burton Fund [a federal program that requires that certain hospitals provide free care on an ongoing basis .]
- The on-site visitor was given an application for the Hill Burton Fund.
- There were signs posted about the Hill Burton Fund.

- The non-English surveyor could not communicate in his own language. He was told in English that there is no free care policy or services available.
- The agency representative and one of the English speaking uninsured (who was not informed about the H.B. Fund) were transferred many times.
- This same uninsured caller was referred to the Suffolk County Clinic “next door”.
- The non-English speaking surveyor stated he would not feel comfortable returning to this hospital for care.
- No one reported being treated rudely.

### ***SOUTHSIDE HOSPITAL***

- Two of five surveyors were informed about the Hill Burton Fund. Only agency-based surveyors were informed. One of the uninsured callers was told about the county clinics operated by the hospital.
- No written charity care policy was available. Signs about the Hill Burton Fund were seen in the Emergency Department.
- The non-English speaking caller was unable to communicate with anyone on all three calls.
- One of the agency representatives was transferred many times.
- The non-English speaking surveyor stated that she would not feel comfortable returning to this hospital for care.
- No one complained of being treated rudely

### ***UNIVERSITY HOSPITAL AND MEDICAL CENTER AT STONY BROOK***

- Three of six surveyors were told that there was some financial assistance available.
- No written charity care policy was available and no signs about charity care were posted.
- One non-English speaking volunteer was unable to communicate in his own language. When he switched to English, he was told ‘We do not give free care’. The second non-English speaking caller was able to speak in her own language on the fourth call. She too

was told there was no free care but was referred to a clinic on the fifth floor, room B where there was a reduced fee.

- No one was transferred repeatedly.
- Three of the volunteers stated they had been treated rudely.
- Two of those said they would not feel comfortable returning to this hospital for care.

## **NASSAU COUNTY HOSPITALS**

### ***FRANKLIN HOSPITAL MEDICAL CENTER***

- Two of the six surveyors were told that there was a sliding fee scale at the Family Health Center. One volunteer was told that there was a charity care policy. One agency-based representative was told that there is a charity care policy and application but it is not available to the public.
- No written policy was available.
- No signs about charity care were posted.
- The non-English speaking volunteer was unable to communicate with anyone in her own language.
- One English speaking surveyor and one agency representative were transferred many times.
- Surveyors were told, "Can't pay, have to go to a city hospital", "Can't pay, we don't treat them"
- One of the uninsured surveyors did not feel comfortable about returning to the hospital for care.
- The same surveyor stated she was treated rudely.

### ***NEW-ISLAND HOSPITAL***

- Two out of six surveyors were told that bills could be discounted and payments arranged, or possibly written off.
- No written policy was available.

- No signs were posted indicating the availability of free or reduced fee care.
- The non-English speaking caller was unable to communicate with anyone in her own language.
- The uninsured surveyor was transferred many times.
- One of the agency representatives was told that if the patient was not Medicaid eligible, maybe he/she should be referred to NUMC.
- The non-English speaking surveyor indicated that she would not feel comfortable returning to the hospital for care.
- The non-English speaking caller stated that she had been treated rudely.

***NORTH SHORE UNIVERSITY HOSPITAL AT GLEN COVE***

- Three of the five surveyors were told about reduced fees and a sliding fee scale at the Family Practice Clinic.
- There was no written charity care policy.
- No signs were posted concerning charity care.
- The non-English speaking caller was unable to communicate with anyone in her own language.
- One of the uninsured was transferred many times.
- Responses included: "Can go to NUMC", "Clinic fees start at \$31. Anyone can afford that".
- No one reported feeling uncomfortable about returning to the hospital for care.
- No one reported being treated rudely.

***NORTH SHORE UNIVERSITY HOSPITAL AT PLAINVIEW***

- One of six surveyors was told there was a sliding fee scale.

- There was no written charity care policy available.
- No signs were posted indicating the availability of charity care.
- The non-English speaking caller was unable to communicate with anyone in her own language.
- One of the agency-based callers was transferred many times.
- Two of the uninsured callers stated they would not feel comfortable returning to the hospital for care.
- No one reported being treated rudely.

#### ***NORTH SHORE UNIVERSITY HOSPITAL AT SYOSSET***

- One of the seven surveyors, on her fifth call, was transferred to an administrative office in Manhasset where she was told that there was a written charity care policy.
- None of the surveyors actually obtained a written policy statement.
- No signs were posted indicating the availability of charity care.
- The non-English speaking surveyor was unable to communicate in his own language.
- One of the uninsured callers was transferred many times.
- One agency-based volunteer was told her clients should go to a local clinic but did not know any names or addresses of clinics.
- One uninsured caller said she would not feel comfortable returning to the hospital for care.
- No one reported being treated rudely.

#### ***SAINT FRANCIS HOSPITAL***

- One of five surveyors, after a call to the Office of the President, was told that there is a charity care policy.

- No copies of a written charity care policy were obtained.
- No signs about charity care availability were posted.
- The non-English speaking caller was unable to communicate with anyone in her own language.
- Two surveyors were transferred many times.
- The uninsured caller was told to call Mercy Hospital for free care (Rotocare) and ask for Sister Reekie.
- The non-English speaking surveyor stated that she would not feel comfortable returning to the hospital for care.
- One of the uninsured callers said she was treated rudely.

#### ***SOUTH NASSAU COMMUNITY HOSPITAL***

- One surveyor out of seven (agency-based) was told there was a sliding fee scale.
- No copies of a charity care policy were obtained.
- No signs were posted related to charity care availability.
- The non-English speaking caller was unable to communicate in her own language.
- The two uninsured surveyors were transferred many times.
- One of the agency volunteers was told to try Winthrop Hospital. One of the on-site visitors was told to try NUMC because they were more lenient toward patients who are unable to pay.
- The non-English speaking caller said she would not be comfortable returning to the hospital for care.
- An uninsured and an agency-based surveyor, both reported being treated rudely.

## **DISCUSSION:**

The above findings indicate that improved charity care policies did not readily spread to hospitals that were not included in the first study. The availability of free and reduced fee services continued to be the best kept secret at too many hospitals. Further, on follow-up visits to the original seven hospitals, it was noted that improved notification of patients on the availability of financial help was not consistent. Signs advising patients where to go for financial help would sometimes disappear from their appointed places, and were only replaced upon request. Brochures advising patients of the availability of financial help would sometimes run out of print and remain unavailable for periods of time. It became apparent that even the “best” hospitals required continued monitoring and, since that imposes an undue burden on the community, it is important that requirements that institutionalize best practices be adopted. In other words, changes in the law that regulates hospital behavior are needed.

It is not a simple matter to change state laws. The State has the power to define eligibility for charity care and the State has the power to impose minimum requirements upon hospitals as some other states have done. Therefore, it remains the ultimate goal of the Long Island Health Access Monitoring Project to impact on N.Y. State laws that regulate hospital behavior vis-à-vis charity care.

More immediately, project directors became aware of a County law, in effect in San Francisco, that mandated hospitals to post charity care policies in several patient areas and to inform every patient of its existence. The law also imposed reporting requirements on hospitals as to their charity care activities. This law was brought to the attention of legislators and officials in Nassau County and after some modifications to make it more suitable to local circumstances, it was successfully adopted. It is hoped that other counties will follow suit and that the State will emulate and strengthen the law, as is within its power, and apply it across its much larger jurisdiction.

