

Columbia Memorial Hospital

Policy & Procedure

Subject: Financial Aid

Prepared by: Patient Accounts

Effective Date: 01/01/2016

Policy# 200 (1)

Administered By: Patient Financial Services

Approved By: Administration

Policy:

Columbia Memorial Hospital will ensure that patients who are indigent will continue to receive necessary medical care. Columbia Memorial Hospital, as a community service, may provide free or reduced cost care to patients who meet the program guidelines.

Columbia Memorial Hospital will advertise Financial Aid through the registration process, internet, and by contacting Patient Accounting. Information in regards to the program will be given to those patients who are uninsured or underinsured and are in need of assistance.

References:

HANYS: Seminar; May 25, 2006
FEDERAL: Poverty Guidelines

Procedure:

Any patient who meets the qualifications as outlined in the section entitled *Policy Guidelines* shall be Granted free or reduced cost care for only those services that fall within the guidelines. This free or reduced cost care may be provided as a reduction of their hospital bill in the appropriate amount up to 100%.

Policy Guidelines:

The program is available to those individuals who reside in the following counties for non-emergent and emergent services:

- Columbia
- Greene
- Dutchess
- Albany
- Rensselaer
- Ulster

The program is available for all United States residents if the service qualifies as an emergency.

Columbia Memorial Health has Financial Counselors who are certified through NYS as Certified Application Counselors (CAC) that will assist patients with determining any insurance eligibility as well as applying for Financial Aid. Denials for untimely application transfer of assets, and non-disclosure of information will eliminate applicant for consideration.

Covered Services:

All medically necessary services will be considered under Financial Aid.

Excluded Services:

- No-fault/Workers Compensation
- Third Party Liability
- Pending law suits
- Private Room Differential: Television and Telephone Charges
- Elective, non medical necessary, services

Uncompensated Care Policy:

Eligible applicants will be approved based on a sliding scale schedule. The income guidelines for applicants will be up to 400% or 600% (OB Patients) of the current year Federal Poverty Guidelines. The eligible population must meet one of the below criteria.

- Uninsured and/or Underinsured
- Exhausted their health insurance benefits
- Inability to pay full charges.
- Inability to pay copayments or deductibles.

The attached application will be given to those patients's who meet the initial criteria set forth in the guidelines. All applications must be returned with the below information in order to be processed.

- Medicaid Denial, Eligibility Screening, Facilitator Enroller.
- Documentation of present income, which should include one of the following:
 - Three most recent paystubs
 - Copy of current federal income tax return (if filed)
 - Social Security check
 - Unemployment check
 - If none of the above, any other form of income received.
 - Proof of outstanding medical bills may be requested
 - Proof of identity
 - Proof of bank statements

The initial review of eligibility for Financial Aid shall be based upon family size and income. Those who are married will constitute a family, or if they are claimed as a dependent on another's tax return.

The AGB (average gross billed) will be calculated by utilizing the Medicare payment system. The contract management system will be utilized to obtain the contractual rate for the outstanding bill.

Poverty guidelines are published each year and obtained by Patient Accounts.

If applicant meets the income guidelines as outlined, further consideration will be given to any available liquid assets, if patient income level is **greater** than 150% of the poverty guidelines:

Excluded Assets:

- Patient Primary Residence
- Tax-deferred or comparable retirement savings accounts
- College savings accounts
- Cars used regularly by the patient or the patient's immediate family

Included Assets:

- Bank Accounts
- Bonds and Stocks

Asset Levels: Asset must exceed this level per household size in order to be considered in application.

Household Size	Asset Level
One	\$14,550
Two	\$21,450
Three	\$24,668
Four	\$27,885
Five	\$31,105
Six	\$34,320
Seven	\$37,538
Eight	\$40,775
Each Add'l Person	\$3,218

If these assets are sufficient to cover a portion of the outstanding bill, the applicant may be required to apply these amounts before Financial Aid will be granted. A review of applicable assets identified on the application will be reviewed by the Director of Patient Accounts and the Chief Financial Officer to determine the reduction of the Financial Aid.

A written response approving or denying the application within 30 days after receipt will be submitted to the patient. If the patient is approved the below installment plan will be established with a signed contract.

Appeal Process

All patients will have the ability to appeal his or her Financial Aid application with a written letter explaining his or her disagreement with the decision. These appeals will be reviewed on an individual basis with the Director of Patient Accounts and Chief Financial Officer.

Term of Approved Discount

The time frame of the discounts will be based upon service.

Inpatient:

All inpatient accounts will be effective for the entire episode of care. If patient's stay overlaps a month, or a medical condition changes, patient will be screened again for potential eligibility. All new admissions will require screening.

Outpatient Services:

All outpatient approved discounts will be honored for a one year term. In the event that the patient's medical condition changes, a screening for Medicaid eligibility will be recommended.

Applications will remain in effective with completed documentation one from year from the application date.

Approved discounts will be considered for prior open accounts.

Installment Plan

An installment plan will be offered to all patients that qualify for Financial Aid. Monthly payments will be capped at 10% of the patient's gross income.

If patient fails to meet payment arrangements accounts could be transferred to an outside collection agency to pursue debt, at the financial aid billed rate. Columbia Memorial Health will not pursue ECA (extraordinary collection activity), including legal activity on any patient who was approved for Financial Aid.

Processing Applications

All Financial Aid applications sent to patients, (from the Patient Accounting Department) will be logged on the Financial Aid Log.

Once a Financial Aid application is received in the Patient Accounting Department, the below steps will be followed to ensure a timely response to the patient.

- The application will be logged on the “financial aid application log”. This log will monitor the date the application was received, the current status of the application, and if the application was approved or denied. All accounts being reviewed for financial aid will be placed in agency status of uncomp, until a determination is made.
- The patient will receive an initial letter advising them that we are in receipt of their application, and a determination will be made within 30 days.
- If missing information or documentation is identified during the application process, the patient will receive a letter back indicating the necessary information needed to complete the application process. The letter will allow the patient 30 days returning this information. If the information is not returned, a phone call will be made to the patient requesting the necessary documentation. If all attempts fail, the application will be returned to the patient with all attached documentation, and advising the patient that the application has been closed.
- Once a determination is reached, and a calculation of a discount if completed the patient will be contacted, verbally and in writing. The “financial aid application log” will be updated with the status of the determination.
- All primary uninsured bills will be calculated in the contract management system to determine the AGB. Once the AGB is determined the approved financial aid discount will be applied to the bill. Physician bills will be reduced to the AGB, by utilizing the average reimbursement of Medicare. Secondary balances will be reduced by the financial aid discount approved.
- Discounts will be applied to the outstanding balances, and new statements will be submitted to the patients. Payment arrangements for any outstanding balances, by request of patient, will be established in accordance with the FAP law.
- Columbia Memorial Health will contact any external physician groups to advise them of the financial aid discount.
 - Emergency Medical Associations: Virginia Bronziov bronzinov@bravo-brs.com
 - Millemmium Medical Imaging (Radiology)- fax to Charlie Stern 518-786-1293
 - North American Partners of Anesthesia (NAPA) -fax to Dawn at 516-945-3029
- All completed applications will be scanned into the appropriate network folder.

Advertising

Columbia Memorial Hospital will publish and educate the financial aid program through a variety of avenues.

- Training and awareness to all billing staff and front-end staff, including all care centers of the policy.
- Information on how to apply for financial assistance on all patient statements
- Guidelines will be published in the Patient Handbook.
- Guidelines and applications are posted on the Columbia Memorial Hospital internet site.