

## Columbia Memorial Health

### Policy & Procedure

**Subject:** Financial Aid

**Prepared by:** Patient Accounts

**Effective Date:** 12/01/17

**Policy# 200 (1)**

**Administered By:** Patient Financial Services

**Approved By:**

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#### **Policy:**

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

Columbia Memorial Health 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.

Columbia Memorial Health will provide care to all patients, for emergency medical conditions, without discrimination regardless of whether or not they are FAP eligible.

#### **References:**

IRS 501 R  
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%.

#### **Methods for Applying:**

Columbia Memorial Health will advertise and make available the Financial Assistance Policy and application through patient request and on the Columbia Memorial Health website.

Patients may obtain free copies of the Financial Aid Application and billing and collection processes through the Columbia Memorial Health website, or in writing, or in person at the Patient Accounting Department.

**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
- No-Shows
- Copay Administrative Fee

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.

Applications will be provided upon a patient request. 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. In the event the patient is unable to provide any of the above listed documents to prove household income, he or she may call the hospital and discuss other evidence that may be provided to demonstrate eligibility.

The AGB (average gross billed) will be calculated by utilizing the Medicare average net reimbursement.

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.

<b>Household Size</b>	<b>Asset Level</b>
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

*Updated annually*

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.

Columbia Memorial Health will cease all billing and collection activity during the review of the application and until a final approval or denial is determined. 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. The determination letter will provide the patient with New York State Department of Health contact information. 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.

Notification of FAL approval will be submitted to the EMA group, to cover any emergency medical bills.

### **Advertising/Compliance**

Columbia Memorial Health 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 Health internet site.

### **PRESUMPTIVE ELIGIBILITY:**

Columbia Memorial Health understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances under which a patient's qualification for financial assistance is established without completing the formal financial assistance application. Other information may be utilized by Columbia Memorial to determine whether a patient's account is uncollectible, and this information will be used to determine presumptive eligibility.

#### *Presumptive Financial Assistance Eligibility:*

For patients, or their Guarantors, who are non-responsive to Columbia Memorial Health's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable Columbia Memorial to make an informed decision on the financial need of non-responsive patients, utilizing the best estimates available in the absence of information provided directly by the patient.

Electronic presumptive screening provides a community benefit by enabling Columbia Memorial to systematically identify financially needy patients, reduce administrative burdens and provide Financial Assistance to patients and their Guarantors, some of whom may have not been responsive to the FAA process.

Columbia Memorial Health may use a third party to electronically review a patient's, or the patient's Guarantor's, information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases and does not access the patient or guarantor's credit file. The model's rule set is designed to assess each patient based upon the same standards and is calibrated against historical Financial Assistance approvals by the Columbia Memorial. This enables Columbia Memorial to assess whether a patient is characteristic of other patients who have historically qualified for Financial Assistance under the traditional application process.

When the model is utilized, it will be deployed prior to bad debt assignment or after all other eligibility and payment sources have been exhausted. This allows Columbia Memorial to screen all patients for Financial Assistance prior to pursuing any extraordinary collection actions. The data returned from this review will constitute adequate documentation of financial need under this Policy.

In the event a patient does not qualify for presumptive eligibility based on this model, the patient may still provide requisite information and be considered under the traditional FAA process.

Patient accounts granted presumptive eligibility based on this predictive model will be reclassified as financial assistance and any remaining balance due will be forgiven. For these accounts, refunds will only be granted if the patient subsequently completes the application process.

Patient accounts granted presumptive eligibility status will be provided free care for eligible services for retrospective dates of service only. This decision will not constitute a state of free care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further collection action. Patients will not be notified to inform them of this decision when the patient qualifies for the most generous level of fee care.

### **Collection Process**

If the 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 were approved for Financial Aid. All collection agencies contracted by Columbia Memorial Health shall be required to adhere to the Financial Aid policies and provide applications to patients as requested.

Collection agencies contracted with Columbia Memorial Health shall be required to obtain written consent to pursue legal action on an outstanding debt. Columbia Memorial Health, under

no circumstance will not force the sale or foreclosure of a primary residence in order to collect on outstanding medical bills.

Copies of collections policies can be requested by contacting the billing department at 518-828-8051.

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### **Affiliated Providers**

The financial aid policy is for hospital based services only and does not extend to the physician groups listed below:

#### **Affiliated Pathology Services, PC (APS)**

If you have received any radiology services at Columbia Memorial Health, you could be receiving a bill from the doctor who read your test results. Please contact APS directly to discuss the bill at 518.786.1291 or 1.800.235.0045. The APS mailing address is: 47 New Scotland Ave., mc-80, Albany, NY 12208.

#### **North American Partners In Anesthesia (NAPA)**

If you are scheduled for surgery through our Gastroenterology Department, you may receive a bill from NAPA for anesthesia services. Please contact them in regards to your bill at 1.888.240.1793. NAPA's mailing address is: Customer Service, PO Box 725, Melville, NY 11747.

#### **Lab Corp**

Some Lab Corp testing services may result in a bill. Please contact Lab Corp customer service at 800.845.6167 with bill-related questions. Lab Corp's mailing address is: PO Box 224, Burlington, NC 27216-2240.

**Emergency Medical Associates, PLLC:** If you received Emergency Room services at Columbia Memorial Health, you could receive a bill from the Physician who treated you while you were in the ER. This is a separate bill from Columbia Memorial Health. Please contact EMA directly to discuss your Physician bill at 800-345-0064.