

SUBJECT: Financial Assistance Policy

Policy Statement:

The Albany Med Health System is committed to minimizing the financial barriers to healthcare that exist for certain members of our community, especially those who are not adequately covered by health insurance or government payment programs. Therefore, the Albany Med Health System makes financial assistance available to all low-income, uninsured, or underinsured individuals who qualify for assistance with their medical bills. No person who is found eligible for financial assistance will be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance coverage.

The Albany Med Health System offers financial assistance in accordance with this Financial Assistance Policy (FAP). This FAP was developed to comply with all federal and state rules and regulations, including IRS regulations 26 CFR §1.501(r) and NYS Public Health Law §2807-k(9-a).

Definitions

The following terms are meant to be interpreted as follows within this policy:

1. Financial Assistance Program also referred to as FAP.
2. Medically Necessary Care: Health care services or supplies **needed** to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
3. Uninsured: Patients with no insurance.
4. Underinsured: Patients who have some form of health insurance that does not adequately cover the cost of their care, placing a financial burden on the individual to cover the cost of their out of pocket healthcare expense.
5. Household income refers to income before deductions (taxes, Social Security insurance premiums, payroll deductions, etc.). Total Household Income is income from all members of a household from the following sources: wages, unemployment income, workers' compensation, veteran's benefits, Social Security income, disability insurance, public assistance (Welfare), alimony, and other cash income.
6. Presumptive Eligibility is defined as a determination that a patient is eligible for financial assistance based on information other than that provided by the patient, or, based on a prior financial assistance eligibility determination.
7. Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately-operated shelter.

8. The Albany Med Health System is comprised of the following hospitals and health care providers:
- Albany Med Health System
 - Albany Medical Center Hospital
 - Albany Medical College
 - The Columbia Memorial Hospital
 - Columbia Memorial Regional Medical, PLLC
 - Glens Falls Hospital
 - Glens Falls Medical PLLC
 - Healthcare Partners of Saratoga, Ltd. (“Malta Med Emergent Care”)
 - The Saratoga Hospital
 - Saratoga Regional Medical, P.C.

Procedure

A. Eligibility Criteria

1. Eligibility determination is based on household income and family size utilizing a sliding scale of up to 400% above the Federal Income Poverty Guidelines in effect at the time of the eligibility decision. (See Attachment A.). Attachment A will be regularly revised to reflect updates in the Federal Income Poverty Guidelines as issued by the Secretary of the Department of Health and Human Services without need for further approval of this policy.
2. Homeless patients are automatically eligible for financial assistance.
3. The Albany Med Health System may consider the patient Presumptively Eligible if there is sufficient information identified to qualify the patient for financial assistance. The Albany Med Health System may utilize analytic software or an analytics services vendor to support such presumptive financial assistance processing, which may include review of credit information from consumer reporting agencies.
4. Covered Services and Service Area: Covered services include all Albany Med Health System services that are deemed medically necessary. These services are covered regardless of whether a patient resides within the Albany Med Health System’s geographic area. No application will be refused based on residency. Please refer to section B for the list of excluded services.

B. Excluded Services

Patient Financial Assistance will be utilized for all medically necessary services rendered by Albany Med Health System, except for elective or cosmetic procedures or hearing aids. Charges from private Physicians/Providers (not employed by Albany Med Health System) who provide services are not covered under the program. FAP will not be applied to patient balances due to coordination of benefits issues, or the patient’s inability to provide the insurance with documentation they request or to provide the facility with the information needed to bill an insurance/carrier.

Patients who opt out of available insurance coverage may impact their eligibility for

Financial Assistance. When evaluating patient eligibility for Financial Assistance Albany Med Health System may take into account a patient's eligibility for other available sources of payment and a patient's cooperation with securing such additional sources of payment (e.g., Medicaid) as further described in Sections D(3) and D(4) of this FAP.

International patients who come to the Albany Med Health System in a non-emergency situation are not eligible for Financial Assistance.

C. Basis for Calculating Financial Assistance

Financial assistance is provided in the form of a percentage discount off the net amount billed to the patient. For uninsured patients, the net amount billed is intended to reflect the amount generally billed to Medicare for the same services. The Affiliate Organization uses the look-back methodology prescribed by IRS Section 501r to determine Medicare amounts generally billed. Information regarding the calculation of the amount generally billed to Medicare may be obtained by contacting the Affiliates listed in section D. For insured patients, the net amount billed represents any patient responsibility in the form of patient responsibility balances. The percentage discount provided is based on household income and family size utilizing a sliding scale of up to 400% above the Federal Income Poverty Guidelines in effect at the time of the eligibility decision and annually updated.

D. Method for Applying for Financial Assistance

1. Patients can request an application and/or confidential assistance in completing the application from any registrar during the registration process, or by calling or applying online at any of the following Affiliate Organization:

Albany Medical Center Hospital/

Albany Medical College

Monday through Friday 8am-4:30pm

518-262-1981 or 1-866-262-7476

www.amc.edu/pbs

Patient Billing Services

1275 Broadway

Menands, NY 12204

Glens Falls Hospital

Monday through Friday 7:30am – 4:30pm

518-926-5111

www.glensfallshospital.org

Patient Financial Services

100 Park Street

Glens Falls, NY 12801

Columbia Memorial Health

Monday through Friday 8am – 4pm

518-828-8051

www.columbiamemorialhealth.org

Billing Department

Specialty Services Building

65 Prospect Avenue

Hudson, NY 12534

Saratoga Hospital

Monday through Friday 8am – 4:30pm

518-583-8343

www.saratogahospital.org

Patient Financial Services

59D Myrtle Street

Saratoga Springs, NY 12186

2. Those seeking financial assistance will be asked to provide the following:
 - Completed application
 - Most recent federal tax return
 - Copies of one month's current pay stubs or proof of alternate income source as noted below in Section C3.
 - Copies of last two bank statements
 - Completed application for Medicaid, along with copy of denial if patient's income is within Medicaid income levels
3. When appropriate, patients may be asked to apply for Medicaid or other publicly sponsored insurance programs. Resources will be available to assist patients in that process. The patient may be required to meet a spend down in order to have services covered by Medicaid. Any payments the patient is required to make to the Affiliate Organization including, but not limited to, the spend-down amount and co-pay and/or deductible amounts are eligible for consideration in our FAP. Failure to apply or comply with the Medicaid application requirements will result in denial of financial assistance.
 - The Albany Med Health System has resources available to assist the community in enrolling in Medicaid, Child Health plus or a Qualified Health Plan through the New York State Department of Health Marketplace. Patients will be referred to one of these programs if they appear to be eligible.
4. A patient who has been awarded financial assistance may be directed to apply for Medicaid upon review of subsequent services, if it is deemed that the Medicaid Coverage will provide better benefits to the patient(s) than the current financial assistance awarded. If the patient fails to submit a completed NYS Medicaid application within 90 days of the Albany Med Health System's request, the Albany Med Health System may revoke the patient's financial assistance status for all services provided after the date of the revocation notice.
5. A patient may submit a financial assistance application at any time within one year from the first billing statement related to the covered service. Incomplete applications will be held and the applicant will be notified of the missing required information which must be supplied within 40 days from the date of the written notification. If the patient does not meet this requirement, the application will be denied, and the Affiliate Organization will resume billing and collection activities. The patient retains the option to provide the required information after the 40-day deadline. If the Albany Med Health System receives that information prior to one year after the date of service, the Affiliate Organization will suspend billing and collection activities.

The Albany Med Health System's financial assistance decision will be based on the information provided on the financial assistance application along with data obtained by external vendors or systems or a similar firm retained to help the Albany Med Health System process such applications. The Health System may also use internal criteria, which may include review of previous account history and a credit check(s). The Albany

Med Health System reserves the right to request additional information to support the application process.

A determination of whether a patient is qualified will be made within 30 days of receipt of a completed application. If a patient is qualified for Financial Assistance, he/she will receive written notification of the Financial Assistance discount amount as well as a Financial Assistance Approval card indicating the coverage period, discount amount, and all eligible household dependents.

6. Once the application has been completed or orally provided the patient may disregard bills which may have been sent in the ordinary course of business, and the patient shall be notified of such. The existing bills will be placed on hold once the application is taken.
7. The Albany Med Health System FAP may determine that a patient qualifies for assistance when the patient is unable to submit a written application. The patient must be screened, and information verbally supplied, validated. The validation process includes the use of third-party vendor software tools. If the patient is determined eligible for Financial Assistance, a presumptive eligibility approval will be made for the appropriate adjustment.
8. In certain cases where patients do not qualify for FAP discounts based on the usual criteria, the Albany Med Health System Financial Assistance Review Committee may consider extenuating circumstances and determine that the patient is eligible.
9. The patient will be permitted to establish a reasonable monthly payment plan on any balance remaining after the Financial Assistance Discount. In no event will the monthly installment exceed 10% of the eligible patient's gross monthly income or contain an acceleration clause or interest penalty. Financial counseling is available to arrange affordable monthly payment plans.
10. A separate Billing and Debt Collection Policy, addressing the actions that each Affiliate Organization may take in the event of nonpayment may be requested from the individual organization, see section D.
11. Financial Assistance eligibility will be effective on the date of the covered service which the patient/guarantor applied for. The coverage period will extend for one year from the date the approval was granted. The Albany Med Health System may ask patients to reapply for financial assistance when there is a change in financial status.
12. Patients who apply for financial assistance and are denied may appeal this decision by sending a letter to the Affiliate Organization in which the denial was received from. Appeals will be reviewed by the Albany Med Health System Financial Assistance Review Committee.

Patients should include the reason for appeal in the letter. All appeals will be reviewed and responded to within 45 days of receipt. Patients who have concerns or issues that cannot be resolved with the Affiliate Organization may call New York State Department of Health at 1-800-804-5447.

E. Refunds

If for any reason a patient makes a payment and it is determined the payment was not due based on Financial Assistance eligibility, a refund will be sent back to the patient for the amount determined to be an overpayment.

F. Collections

All bills will be assessed for presumptive eligibility prior to the commencement of collection referral. Albany Med Health Systems shall not send any account to collection if the patient has submitted an application for Financial Assistance or orally provided information for consideration under the Financial Assistance Program until a determination has been made and the patient given time to appeal such determination according to policy. Balances remaining shall be sent to the patient and a restart of the dunning cycle made to afford the patient time to make proper payment arrangements for the balance after assistance. All collection agencies utilized by Albany Med Health System shall be required to obtain written consent from Albany Med Health System management prior to commencing legal action against a patient. Collection agencies will be required to comply with the FAP and receive annual education and be required to train all staff managing Albany Med Health System accounts. The agencies shall have available for patient's information regarding the application process for the program. In no event will any amounts be collected from a patient who was enrolled in a government program at the time the healthcare service was provided before receiving a claim determination from that program that amounts are not due; nor will such accounts be sent to collections. Additionally, under no circumstances will Albany Med Health System or any entity providing collections services force the sale or foreclosure of primary residence in order to collect outstanding medical bills.

Copies of our Collection Policies may be requested by contacting the Affiliate Organization outlined in section D.

G. Compliance

Albany Med Health System will maintain a diverse committee to review and render application determinations or make other programmatic recommendations to the Albany Med Health System Board to ensure the program fulfills the needs of the community as well as complies with prevailing laws or regulations.

Albany Med Health System will monitor its adherence of this policy with the following activities:

- Brochures and applications shall be made available at all hospital registration areas
- Information regarding a physician's participation under the program shall



be provided upon request from the patient and within a reasonable timeframe

- Tracking reports regarding applications, denials, approvals, write offs, and presumptive eligibility determinations shall be reviewed and reported routinely
- Annual orientation of staff shall be conducted to maintain staff competencies and to review program changes or enhancements
- New hire orientation shall include education and information regarding the program

H. Contact Information

For additional information regarding the Albany Med Health System Financial Assistance Program, or for assistance with completing an application please contact the appropriate Affiliate Hospital located in section D of this document.

Exhibit A

Albany Med Health System Financial Assistance Sliding Scale

2022					
Family Size	Poverty Level	100%	75%	50%	25%
1	\$13,590	\$0-\$33,975	\$33,976-\$40,770	\$40,771-\$47,565	\$47,566-\$54,360
2	\$18,310	\$18,310-\$45,775	\$45,776-\$54,930	\$54,931-\$64,085	\$64,086-\$73,240
3	\$23,030	\$23,030-\$57,575	\$57,576-\$69,090	\$69,091-\$80,605	\$80,606-\$92,120
4	\$27,750	\$27,750-\$69,375	\$69,376-\$83,250	\$83,251-\$97,125	\$97,126-\$111,000
5	\$32,470	\$32,470-\$81,175	\$81,176-\$97,410	\$97,411-\$113,645	\$113,646-\$129,880
6	\$37,190	\$37,190-\$92,975	\$92,976-\$111,570	\$111,571-\$130,165	\$130,166-\$148,760
7	\$41,910	\$41,910-\$104,775	\$104,776-\$125,730	\$125,731-\$146,685	\$146,686-\$167,640
8	\$46,630	\$46,630-\$116,575	\$116,576-\$139,890	\$139,891-\$163,205	\$163,206-\$186,520
9	\$51,350	\$51,350-\$128,375	\$128,376-\$154,050	\$154,051-\$179,725	\$179,726-\$205,400
10	\$56,070	\$56,070-\$140,175	\$140,176-\$168,210	\$168,211-\$196,245	\$196,246-\$224,280
	FPL Calculation	FPL x 250%	FPL x 300%	FPL x 350%	FPL x 400%

Household income baselines are derived from the Federal Poverty Income Levels published in the Federal Register.

*Applicants that meet this, criteria will have their application reviewed by Albany Med Health System Financial Assistance Review Committee for approval and discount percentage.