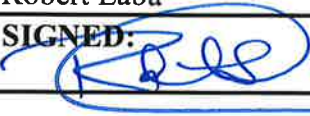




# ADIRONDACK HEALTH

<b>DEPARTMENT:</b> Patient Financial Services	<b>POLICY TITLE:</b> Financial Assistance/Enhanced Enrollment for the Uninsured and Underinsured
<b>PAGE</b> 1 of 6	<b>REPLACES POLICY DATED:</b> 04/2004, 08/2008, 08/2011, 10/2012, 12/2013, 10/2015, 11/2016, 02/2017, 01/2018, 01/18/19
<b>EFFECTIVE DATE:</b> 03/2018 <b>REVIEW DATES:</b>	<b>POLICY NUMBER:</b>
<b>APPROVED BY:</b> Robert Laba	<b>PREPARED BY:</b> Kathy Bauer
<b>SIGNED:</b> 	<b>DATED:</b> 4/3/2019

**SCOPE:**

All Adirondack Health affiliated facilities including: Adirondack Medical Center, Adirondack Medical Center at Lake Placid, Saranac Lake Health Center, Mountain Health Center, Tupper Lake Health Center, Lake Placid Health Center, Rehabilitation & Sports Medicine at Tupper Lake, Renal Dialysis at Tupper Lake, Wound & Hyperbaric Treatment Center.

**LINK TO FINANCIAL ASSISTANCE SUMMARY:**

<http://adironackhealth.org/util/billing-and-payments/financial-assistance-summary/>

**PURPOSE:**

The Uninsured Program has been established to provide financial relief to those who are unable to meet their financial obligations to Adirondack Health and to assist patients who qualify for insurance by enrolling in the available programs. Eligible patients include all patients regardless of race, religion, or national origins, which meet the financial guidelines set forth in the current poverty guidelines. No patient will be discriminated upon based on payor source or ability to pay. Patients will be seen for medically necessary services regardless of ability to pay.

Compliant to the New York State Law, Section 2807-k (9-a) of the New York State Public Health Law and Federal IRC Law, Section 501® requirements under the *Patient Protection and Affordable Care Act* & 501(c)(3) this policy covers patients who:

1. New York State Residents
2. Have NO health insurance coverage for the medical services they seek;
3. Have incomes at or below 400% of the “federal poverty level” (FPL). How much money this represents depends on the size of the patient’s family. To view current federal

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poverty guidelines please see the HHS Poverty Guidelines. <https://aspe.hhs.gov/poverty-guidelines>

4. Adirondack Health also voluntarily extends discount policies to people who do have:
  - a. Health insurance, but are unable to fully pay co-pay and deductible amounts.
  - b. Non-covered services due to medical necessity limitations with their insurance plan.
  - c. Non-covered services due to insurance coverage limitations.
5. Special circumstantial needs are identified on a case by case basis.

**Other Physician Services Patients May Encounter:**

In addition to the services Adirondack Health provides, patients may receive bills from independent physicians depending on medical needs. For example, the Radiologist who read medical images (X-rays) bill separately for the services they provide. **This Financial Assistance program does not apply to independent physicians.**

Following is a list of these physician groups and their contact information.

**Anesthesia**

Premier Anesthesia of New York  
 2655 Northwinds Parkway  
 Alpharetta, Ga. 30009  
 Phone: 855-812-6750  
 Fax: 678-690-7528  
 Contact: Managed Care Department

**Radiology**

Millennium Medical Imaging  
 1 Northway Lane, Suite 1  
 Latham, NY 12110  
 Phone: 518-786-1298  
 Fax: 518-786-1293

**POLICY:**

1. Fear of a hospital bill should never get in the way of New York Resident receiving essential health care services. Hospitals should proactively convey this message to prospective patients, the public in general, and local community providers.
2. Hospitals must have financial aid policies that are consistent with the mission, vision, and values of the hospital and take into account each individual's ability to contribute to his or her care and the hospital's financial ability to provide care.
3. Financial aid policies should be clear and understandable and communicated in a manner that is dignified and in multiple languages appropriate to the communities and the patient serviced.

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4. Debt collection policies by hospital staff and external collection agencies must reflect the mission and values of the hospital.
5. Financial assistance provided by the hospital is not a substitute for the responsibility of the government and employers to find solutions to expand access to health care coverage for all New York Residents.
6. Financial aid policies do not eliminate personal responsibility. Eligible patients are encouraged to access public or private insurance options. All patients are expected to contribute to their care based on their individual ability to pay.

**PROCEDURE:**

**Uninsured/Underinsured (Insurance Enrollment Services)**

1. All patients that present at any Adirondack Health’s registration sites who are self-pay will be provided with information regarding the Uninsured/Underinsured Program and Enrollment process and the benefits of this program.
2. The program requires a visit to the Enrollment Office to determine possible eligibility for coverage in the NY Market Place products, Medicaid, Child Health Plus, Family Health Plus, and other Safety Net products. A visit to the enroller will qualify the patient for a 30% discount on accounts 3 (three) months prior to an application if ineligible for any coverage.
3. Bill status is put in “enrollment pending” for 30 (thirty) days for the patient to make an appointment with the Enrollment Office. This bill status will ensure that no billing process will occur until enrollment process is complete or the patient initiates no activity for 30 (thirty) days. This should be done using a reminder with a canned text comment in Meditech “ENRPEND”.
4. If a patient does not visit the enroller within 30 (thirty) days of the service the patient will be charged 100% of the total charges.
5. If enrollment process is successful, but the Medicaid plan eligibility dates are not retroactive the previous 3 (three) months of statements prior to the enrollment application will be credited towards Financial Assistance at 100% discount.
6. If enrollment process results in the patient not qualifying for any of the insurance plans a Financial Assistance application will be sent to the patient or guarantor. The bill status will change from “enrollment pending” to “financial assistance pending”. No billing process will be started until the process is complete. This should be done by using a reminder with canned text comment in Meditech “CHARITY”.
7. Procedure for applying for Financial Assistance are outlined in the section following.

**Financial Assistance Application:**

Hospital financial assistance programs are available to uninsured patients and include Financial Assistance and discounted care. Patient Financial Counselors are available to discuss the various program options available to Adirondack Medical Center patients.

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Applications are available upon registration or to anyone requesting an application at any time. If requested by phone an application will be mailed. Applications can also be found on Adirondack Medical Center's website at [www.adirondackhealth.org](http://www.adirondackhealth.org)

1. All completed application are acknowledged within 30 days informing the patient of the decision regardless of assistance awarded.
2. All patients will receive notification for 120 days on their patient statements of the availability of financial assistance.
3. Applications for financial assistance will be accepted up to 240 days from the first billing statement. Incomplete applications will result in suspension of extraordinary collection actions for a reasonable amount of time, during the notification and application period (120 days and 240 days from service, respectively).
4. If the patient does not respond within 20 (twenty) days from the receipt of an application the billing process will be reinstated.
5. The financial counselor will provide assistance to any patient who requests it for completion of the application.
6. Patients who become eligible for financial assistance will have an insurance (I-Plan) "Charity Care Discount" mnemonic applied to their account in accordance with the charity guidelines. The I-Plan will apply the appropriate charity care adjustment to all accounts 240 (two hundred forty) days prior to the approval date of the application.
7. Current Medicaid eligibility will qualify the patient automatically for 100% financial assistance for any existing accounts not covered by Medicaid up 3 (three) months prior to the application.
8. All hospital services are eligible for financial assistance (inpatient, outpatient, ambulatory surgery, emergency room, etc.). Elective and cosmetic services are not eligible for financial assistance.
9. Financial assistance does not cover services provided by medical personnel who are not employed by Adirondack Health.
10. Balances previously sent to a collection agency will be considered for financial assistance if not older than 8 (eight) months.
11. Retail Pharmacy—financial assistance for patients seeking medication is addressed in the policy Adirondack Health Retail Pharmacy; Medications for Uninsured and Underinsured Patients.
12. Applicants may request a review of a denial for financial assistance with the Patient Financial Services Director within 30 (thirty) days of the receipt of the denial letter.
13. All applications will be maintained by year in a file kept in the Financial Counselor's Office.
14. Applications will be scanned to the patient account.
15. A ledger will be maintained and kept updated as to availability of funds. The ledger should list information required to be reported to the NYS Department of Health for inclusion in the Bad Debt Charity Care Pool. This includes every application, zip code of the applicant, disposition of application (denied, patient did not return application, insurance coverage determined, or % (percent) discount approved).

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16. 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.
17. Nominal rates for major service categories were specified by NYSDOH may be modified by time to time by the State, can be charged.

**Eligibility requirements:**

Patient eligibility will be based on the Patient's (or responsible person's) financial need in relation to his/her income, resource level as determined from the financial assistance application. Current poverty guidelines will be utilized for comparison.

1. The patient is a New York State resident at the time of the application.
2. The patient is receiving, scheduled to receive, or has received a medically necessary service as defined by this policy.
3. The patient has a fully completed AMC Financial Assistance Application.
4. Documentation of current income.
5. Documentation of residency.
6. The patient will be required to cooperate in applying for, but not required to be denied, NYS Market Place Exchange products. If the hospital has a reasonable basis for believing that an applicant may be eligible for Medicaid or other public insurance we may require the patient to cooperate in applying for such coverage as a condition of applying for financial assistance.
7. Other information as requested by the Financial Counselor.
8. For patients with incomes at or below 150% (one hundred and fifty) of the federal poverty level, the hospital shall collect no more than a nominal payment amount, consistent with the guidelines established by the NYS Commission. The hospital may charge less based on special circumstances, but may not charge more. These amounts are:

Inpatient Services	\$150 per admission
Ambulatory Surgery	\$150 per procedure
MRI Testing	\$150 per procedure
Adult ER/Clinic Services	\$15 per visit
Prenatal & Pediatric ER/Clinical Services	no charge

**Program Administration:**

The financial assistance program will be administered according to the following guidelines:

1. The application information as well as proof of income and Medicaid, Child Health Plus or Family Health Plus application decisions will be reviewed and verified by a Patient Financial Services Account Representative.
2. After reviewing the application patient financial service personal will determine if the patient/guarantor qualifies for financial assistance benefits based on the guidelines.

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3. Patient/guarantor will be notified by letter of financial assistance determination within 30 days of the receipt of all required information.
4. Adirondack Health reserves the right to change benefit determination if financial circumstances change.
5. All applications will be processed by the Financial Counselor in accordance with the financial guidelines "Notice of Availability of Discounts for Uninsured Patients" which will be updated each year to reflect the most recent Federal Poverty Levels. Discounts will be applied based on the FPL at the time of application.
6. Coverage will be retroactive 8 (eight) months prior to the receipt of the completed application by the Patient Financial Services Account Representative. A new application will be required for any future services.
7. Applicants may request a review of denial with the Patient Financial Services Director within 30 (thirty) days of the receipt of a denial letter.
8. All applications must be maintained on file pending future audits.
9. A ledger will be maintained and kept updated as to availability of funds. The ledger should list information required to be reported to NYS Department of Health for inclusion in the in the Bad Debt Charity Care Pool. This includes every application, zip code of the applicant, disposition of the application (denied, patient did not return application, insurance coverage determined, or percent discount approved).
10. Once approval has been granted all applicable accounts will be adjusted using the "Charity Care" adjustment code.
11. A log will be maintained and kept updated as to availability of funds and the status of applications. This log is located: \10.1.1.39\users\Finance\FINANCIAL COUNSELOR REPORTS\charity care logs.

The prime source for funding for coverage of the uninsured or underinsured patients in the 340B program that the hospital participates in. This program helps provide reduced costs, free and low cost medication to improve care for our vulnerable patients.

**References:**

Section 2807- k (9-a) of the New York State Public Health Law

Federal IRC Law: Section 501(r) requirements under the *Patient Protection and Affordable Care Act & 501(c) (3)*

**\*Disclaimer:** Other circumstances may arise that require the modification of this policy & procedure.