SUBJECT: CHARITY CARE/FINANCIAL AID

POLICY: To provide Charity Care/Financial Aid for the uninsured and under-insured and to pursue services and programs that financially assist patients related to the coverage of healthcare expenses. For purposes of this policy, patients include legally responsible guarantors.

PREFACE:

Unless excluded under “Exclusions”, the Albany Medical Center Charity Care/Financial Aid Policy covers services provided by Albany Medical Center Hospital (AMCH), Albany Medical Center – South Clinical Campus (SCC), and those physicians who are employed by Albany Medical College and participate in the Albany Medical College Faculty Practice Plan if such physician services are furnished in conjunction with a service of AMCH or SCC. Eligibility is based on household income, and may also take into account residency and assets as discussed below. Patients with household income up to 300% of the current federal income guidelines are considered eligible for charity care/financial aid. Patients with household income up to 100% of federal income poverty guidelines are eligible for free care, and a sliding scale will be applied for patients with household incomes between 101% and 300% of federal income poverty guidelines. The maximum payment by qualified patients is the applicable Medicaid rate for inpatient hospital services and the highest volume commercial payer rate for all outpatient services. Patients with incomes above 150% of the federal poverty guidelines will also be subject to an asset test. Eligibility as to patients who are adult children living at home with parents will not be determined based on inclusion of the parents’ income if the patient and/or parents can establish the patient’s financial independence. Any patient whom it appears may qualify for state or federal sponsored programs will be assisted by Albany Medical Center ("AMC") staff in the application process for benefits under such state or federal programs. Government programs must be applied for before consideration under the Albany Medical Center Program. Translation services are provided by AMC for patients in need of such assistance. Information related to the Charity Care/Financial Aid Program, including in brochures and posters, is available in public areas at both hospital campus locations, in rest rooms, on billing statements, at the time of registration or intake for a hospital service, on the AMC web site (www.amc.edu/pbs), in the Annual Community Service Report filed by AMC, or by calling (518) 262-2807. Information is available in the English language as well as Spanish.

Eligibility

A. General: Patients with household incomes above 300% of the federal poverty guidelines will not be eligible. Patients with household incomes at or below 300% of the federal poverty guidelines will be presumptively eligible subject to the following residence requirements. Any patient residing in Albany, Rensselaer, Saratoga, Schenectady, Columbia, Greene, Schoharie, Warren, and Washington counties who receives medically necessary care is eligible. Patients residing outside the nine county areas but within New York State will be considered for the Program only if the medical service was not available or provided in their county of residence. However, any patient requiring emergency care will be considered under the Program, including EMTALA transfers, independent of their county or State of residence. Except as stated below, patients must comply with the application process and provide all documents required for the application evaluation. The Albany Medical Center Program is a resource of last resort meaning that sources of payment such as government programs and other insurance must first be exhausted. Determinations as to whether a patient qualifies for charity care/financial aid will be made in writing by the Albany Medical Center Charity Care/Financial Aid Committee ("Committee")
within thirty days of receipt of a completed application, and the patient will be notified in writing as to whether charity care has been granted or denied and if denied, given a written reason for the denial. If written notification to the patient is not practicable then efforts will be made to provide oral notification.

B. **Special Circumstance Eligibility:** The Albany Medical Center Charity Care/Financial Aid Committee may determine that a patient qualifies for charity care/financial aid under circumstances where the patient is unable, including due to physical, social and/or mental limitations, to go through the complete application process. However, the patient must first be determined ineligible for state and federal programs and for any other insurance. The patient will be thoroughly screened for income and, if income is above 150% of the federal poverty guidelines, the patient will be screened for assets based on available information. As an example, a homeless patient, or a patient being treated for a psychiatric condition, may be referred to the Committee by an Albany Medical Center financial counselor or social worker, without completion of the Charity Care/Financial Aid application. As long as the screening and validation of basic financial information takes place, and based on such screening and validation the patient meets eligibility criteria, then the Committee will presumptively approve the case for a charity care/financial aid adjustment.

C. **Refunds:** If for any reason a payment has been made by a patient prior to an eligibility determination for Charity Care/Financial Aid the patient shall be refunded all or part of that payment depending on the amount of the discount and patient responsible amount.

**Exclusions:**

The following are excluded from the Program:

- Cosmetic surgery;
- Bills for physicians services provided by physicians not employed by Albany Medical College and in the College Faculty Practice Plan whether or not such physician services are provided in conjunction with an AMCH or SCC hospital services;
- Bills for services of physicians employed by Albany Medical College and in the College Faculty Practice Plan, but where the physician service was not rendered in conjunction with an AMCH or SCC hospital service.
- All insurance co-pays, deductibles and co-insurance amounts are not covered by the Charity Care/Financial Aid Program.

**Process**

1. AMC will assist the patient in applying for government programs including but not limited to Medicaid, Medicare, Healthy New York, Child Health Plus, and in exploring sources of payment other than the Program. Such assistance may be provided directly by Albany Medical Center or the Center may arrange for such assistance at no charge to the patient.
2. If it is determined that the patient is not eligible for state or federal programs and there is no other insurance source, the patient will be assessed for eligibility under the Charity Care/Financial Aid Program.
3. The patient will be required to provide information and comply with any requests made for additional information. The application process is not to be unduly burdensome or complex, and efforts will be made to work with the patient during the process.
4. Each application will be validated utilizing a search software tool. Information that conflicts with the application will be taken into account in making the approval/denial determination. The patient will be advised of conflicts with data provided on the written application. If the patient contests any finding, he/she must provide proof in support of his/her position. In the event the asset test is applicable and the patient asserts that an asset is no longer available, the patient will be asked to substantiate that assertion and to provide an explanation of the disbursement of proceeds.

5. Once the patient has submitted an application the patient may disregard bills which may be sent in the ordinary course of AMC business, and the patient will be notified that he/she may disregard such bills. The bill will be placed on hold at the time the application is received.

6. Applications will be accepted up to 1 year from the date of discharge or the date of service and the patient will have 60 days to complete the application after written notice of any additional information necessary.

7. The patient will be provided written notification of acceptance or denial within 30 days of the final application. If the patient is accepted, he/she will receive written notification of the Charity Care/Financial Aid discount amount. Patients with incomes at or below 100% of federal income poverty guidelines who have been accepted will receive free care. Those who have been accepted and who have incomes between 101% and 300% of federal income poverty guidelines will receive a sliding scale Charity Care/Financial Aid discount capped at the applicable Medicaid rate for inpatient services and the highest volume commercial payer rate for all outpatient services. See AMC Sliding Scale attached.

8. The patient will be permitted to establish a reasonable monthly payment arrangement on any balance remaining and the balance will be adjusted to reflect the Charity Care/Financial Aid discount. In no event will a monthly payment on the total outstanding balance be required which is more than 10% of the monthly gross household income except that, if the asset test is applicable, then assets will be taken into account in determining the monthly payment amount. No installment plan will contain an acceleration clause in the event of a missed payment. No interest will be assessed.

9. Patients will have the right to a written appeal within 45 days of the issuance of the denial by submitting additional information to the Patient Financial Services Department and will be advised in writing of the right to appeal, the time line for the appeal and what should be done to effect the appeal. The appeal will be decided within 30 days.

10. If a patient has multiple accounts or services the approval or denial notification letter will identify all accounts approved or denied for Charity Care/Financial Aid. Patients are separately evaluated for Charity Care/Financial Aid as to each inpatient or outpatient hospital service and related physician service.
Determinations:
The application must be submitted with proof of income, identity, residence, and if the income is above 150% of the federal poverty guidelines, proof of assets. Such items as bank statements, birth certificates, and W2's will be requested. There will be no asset test for patients with income at or less than 150% of the current year’s federal income poverty guidelines. Individuals with income over 150% of the federal income poverty guidelines must spend down assets to $10,000.00 except the following assets are excluded: patient’s primary residence, tax deferred or comparable retirement savings accounts, college savings accounts, and cars regularly used by the patient or patient’s immediate family. If the patient was denied Medicaid or other government program benefits, the denial notice must be included with the application. The denial must pertain to the period on or after the hospital care. If an Albany Medical Center Financial Counselor evaluated the patient for the government program, the documentation included with that evaluation may be used in lieu of a county denial.

Training:
All AMC staff involved in intake, registration, training, financial counseling, billing, customer service, collections and social work activities will be trained with regard to the existence of the Program, its requirements, and how to apply.

Collections:
Patients will be notified not less than 30 days prior to the referral of debts for collection, including notification on a patient bill. AMC shall not send any account to collection if the patient has submitted an application for Charity Care/Financial Aid. Patient accounts which were sent to collections prior to the filing of a Charity Care/Financial Aid application will be returned to the hospital and placed on hold pending determination. All collection agencies used by AMCH, SCC or College shall be required to obtain written consent from management prior to commencing legal action against a patient. Collection agencies will be required to comply with the Charity Care/Financial Aid Policy of AMC and to train their staff as to such Program, including but not limited to providing information about the Program to patients. 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; nor will such accounts be sent to collections. Additionally, under no circumstances will AMC or any entity providing collection services force the sale or foreclosure of a primary residence in order to collect outstanding medical bills.

Compliance Measurement:
AMC will monitor the effectiveness of this policy by the following activities:

- Internal phone audits shall be conducted monthly, including anonymously, by the Patient Billing Services Department to evaluate staff knowledge of the Program. If necessary, education is provided and program materials distributed to the person or unit in need of education.
- Quarterly, Patient Access shall audit registration areas to be sure Charity Care/Financial Aid Program brochures and applications are available at all registration sites both on the main campus and at SCC.
- Tracking reports for pended, approved, and denied cases shall be reviewed by the Committee monthly to ensure policy adherence.
- Annual orientation of staff shall be conducted to keep staff informed of Program and any changes in the Program.
- New hire orientation shall include education and information about the availability of charity care/financial aid benefits.