SUBJECT: Financial Aid

POLICY STATEMENT

To provide Financial Assistance for the uninsured and underinsured patients residing in New York State and served by Albany Medical Center Hospital for all emergency or other medically necessary services provided in the Hospital with its principal location at 43 New Scotland, Albany, New York and at such other hospital based locations as indicated on its operating certificate. Applicants shall be treated with dignity and respect throughout the process; all information is handled with confidentiality and maintained according to applicable legal standards.

PROCESS / PROCEDURE

Preface

Eligibility 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 Eligibility Criteria Below). The eligible patient shall have a discount based on the Medicare rates in effect at the time of the eligibility determination and be further discounted by the rate as determined by the family size and income supplied by documentation on the application for assistance. If a patient’s income is below 400 percent of the federal poverty guidelines, the patient will receive some form of financial assistance provided the services are covered as described in the policy statement. Financial assistance is applied to the lesser of amount for the patient. If the total charges are less than the Medicare rates, the patient shall always be billed the lesser of amounts in cases where Financial Aid is not assessed at 100%. The patient will be assisted in applying for available state, federal and privately funded programs as determined by eligibility specialists to further assist them in managing healthcare needs outside of the hospital setting. Applications are available in English and Spanish, with translation services available based on the request of the applicant or other responsible party acting on behalf of the patient. Annually the program will be reviewed and shared with community entities to ensure the patients we serve, and advocates for our community can further assist patients in need. The application and program information are available at all hospital registration areas, on the Albany Medical Center website (www.amc.edu/pbs), in the Community Service Report filed by Albany Medical Center, or by calling (518) 262-1981 to request an application or assistance with questions regarding the program. Albany Medical Center will provide a determination on eligibility within 30 days of receipt of a completed application, and the patient will be notified in writing as to whether Financial Aid has been granted or denied and if denied, given a written reason for the denial. The denial letter shall contain the contact information for the DOH, www.nystateofhealth.ny.gov, 1-855-355-5777. If written notification to the patient is not practicable, efforts will be made to provide oral notification. The patient has the right to appeal the determination and all reasonable efforts will be made to allow the patient sufficient time to submit the appeal.
Eligibility Criteria

The eligibility criteria for Financial Assistance is set forth in Exhibit A to this policy and represents a sliding scale of up to 400% above the Federal Income Poverty Guidelines in effect at the time of the eligibility decision. Exhibit A shall 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 approvals of this policy.

Eligible Services

Services eligible for financial support under this Financial Assistance Program are emergency medical services and other medically necessary services as defined below provided at Albany Medical Center Hospital (“Eligible Services”). Included within Eligible Services are professional physician services provided at Albany Medical Center Hospital by physicians employed by Albany Medical College Faculty Practice. Physicians providing professional services at the Hospital not employed by Albany Medical College Faculty Practice may not participate in this Financial Assistance Program and if not participating professional services provided by the non-participating physician will not be included within Eligible Services. Patients must contact the service providers directly to inquire about assistance and negotiate payments with these physicians. For a list of physicians with medical staff privileges at Albany Medical Center Hospital please refer to (website). College Physicians participating in the Financial Assistance Program are indicated by use of the Albany Medical Center logo.

Medically Necessary shall mean as defined by Medicare, such services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

Exclusions

While Albany Medical Center’s Financial Assistance Program covers most hospital services, there are some exclusions, such as:

- Non-Medically Necessary Services, including non-Medically Necessary elective or cosmetic services
- Physician services not billed by Albany Medical College, Albany Medical Center, or bills for physician services not rendered in conjunction with a hospital service
- Financial assistance is not available for people who opt out of available insurance coverage
- Financial assistance does not apply to international patients who come to Albany Medical Center in order to seek treatment in a non-emergency situation

Special Circumstance Eligibility
The Albany Medical Center Financial Aid Program may determine that a patient qualifies for assistance where 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 the Advisory Board Self Pay Compass Software and Accurint Software. If the patient is determined eligible the Financial Aid Committee will presumptively approve the case for the appropriate adjustment.

**Refunds**

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

**Application Process**

The patient will be assisted in applying for Financial Assistance as well as screened for other available insurance programs. Albany Medical Center will make resources available on site to support the patient in this application process. Financial Aid will be considered after the evaluation is complete for eligibility of such state or federal programs.

The patient will be asked to complete an application, or if unable to complete one required to provide orally the needed information. The patient shall be afforded as much help as needed based on the circumstances at hand.

The application or provided information shall be validated utilizing a software search tool prior to making the application determination. Additional information requests or clarification may result from this search. Patients shall not be denied care if they are determined ineligible for assistance and a payment plan will be presented for consideration by the patient.

Once an application has been completed or orally provided the patient may disregard bills which may have been sent in the ordinary course of Albany Medical Center Hospital or College business, and the patient shall be notified of such. The existing bills will be placed on hold once the application is taken.

Applications will be accepted up to one year from the discharge date for the service in question. If there are circumstances that delayed the assignment of patient responsibility the patient will be given additional time based on that date of determination to complete the application.

The patient will be provided written notification of acceptance or denial within 30 days of the final completed application. If the patient is accepted, he/she will receive written notification of the Financial Aid discount amount.

The patient will be permitted to establish a reasonable monthly payment plan on any balance remaining after the Financial Aid 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. In all cases, the amount charged to a patient eligible for assistance under the Financial Aid Policy for care covered under the Financial Aid Policy will be less than the established hospital gross charges and equal to or less than the Medicare rate in effect.

Patients 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 of appeal. The appeal determination shall be made by the hospital within 30 days.

If a patient has multiple accounts, or services the approval or denial notification letter will identify all accounts approved or denied for Financial Aid.

**Determinations**

The application must be submitted with household income and expenses or other forms of applicable information to support the application request and fulfill eligibility requirements.

**Presumptive Eligibility**

Patients who have not applied for assistance or responded to billing statements shall be referred to our presumptive eligibility screening process prior to being sent to a collection agency. The Advisory Board Self Pay Compass Tool will be used to validate income and family size against the Financial Aid Sliding Scale to determine eligibility. The Advisory Board Tool accesses credit bureau databases and provides information back to the hospital regarding income. The response will be applied to the patients account and an adjustment made if determined eligible. If not determined 100% eligible, the patient will be billed with the appropriate discount on the Medicare rate that has been applied to reduce the charges. If the patient appeals the discount applied and the information is determined to require a further discount, one shall be made with a recalculation of the bill, and again if applicable an adjustment to the amounts due by the patient.

**Training**

All AMC staff involved in intake, registration, financial counseling, billing, customer service, collections and social work activity will be trained with regard to the existence of the Program and Regulations to assist our patients in the process for securing Financial Aid Assistance.
**Collections**

All bills will be assessed for presumptive eligibility prior to the commencement of collection referral. AMC shall not send any account to collection if the patient has submitted an application for Financial Aid or orally provided information for consideration under the Financial Aid 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 so as to afford the patient time to make proper payment arrangements for the balance after assistance. All collection agencies utilized by Albany Medical Center Hospital or the Albany Medical College shall be required to obtain written consent from AMC or College management prior to commencing legal action against a patient. Collection agencies will be required to comply with the Financial Aid Policy and receive annual education and be required to train all staff managing AMC or College 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 AMC 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 a Customer Service Representative at (518) 262-2400.

**Compliance**

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

Albany Medical Center will monitor its adherence of this policy with the following activities:

- Internal phone audits shall be conducted routinely and anonymously, to evaluate staff knowledge of the program with additional education provided as needed
- Brochures and applications shall be made available at all 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
Communication

Albany Medical Center shall provide Community Agencies with Program information and applications consistent with promoting and supporting the community’s knowledge of such programs, methods for application, and contacts for assistance with the application process. Examples of such programs include but are not limited to Albany City Mission, Salvation Army, American Red Cross local Chapter, Catholic Diocese of Albany, and Healthy Capital District Initiative. Albany Medical Center is committed to publicizing its Financial Assistance Program broadly within the communities it serves.

Contact Information

For additional information regarding the Albany Medical Center Financial Assistance Program, or assistance with completion of an application for the Program, please contact the following:

Patient Financial Services
Albany Medical Center
1275 Broadway
Menands, NY 12204
Attn: Financial Aid Specialist
Phone: (518) 262-1981
Fax: 518-262-2003
### Exhibit A

**Albany Medical Center 2018**  
**Financial Aid Scale**

<table>
<thead>
<tr>
<th>% Federal Income</th>
<th>101% -</th>
<th>126% -</th>
<th>151% -</th>
<th>176% -</th>
<th>201% -</th>
<th>226% -</th>
<th>251% -</th>
<th>276% -</th>
<th>301% -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Guideline (FPG)</td>
<td>&lt; 100%</td>
<td>125%</td>
<td>150%</td>
<td>175%</td>
<td>200%</td>
<td>225%</td>
<td>250%</td>
<td>275%</td>
<td>300%</td>
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<tr>
<td>Family Size 1</td>
<td>$12,140</td>
<td>$15,175</td>
<td>$18,210</td>
<td>$21,245</td>
<td>$24,280</td>
<td>$27,315</td>
<td>$30,350</td>
<td>$33,385</td>
<td>$36,420</td>
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<td>$16,460</td>
<td>$20,575</td>
<td>$24,690</td>
<td>$28,805</td>
<td>$32,920</td>
<td>$37,035</td>
<td>$41,150</td>
<td>$45,265</td>
<td>$49,380</td>
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<td>Family Size 3</td>
<td>$20,780</td>
<td>$25,975</td>
<td>$31,170</td>
<td>$36,365</td>
<td>$41,560</td>
<td>$46,755</td>
<td>$51,960</td>
<td>$57,145</td>
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<td>Family Size 4</td>
<td>$25,100</td>
<td>$31,375</td>
<td>$37,650</td>
<td>$43,925</td>
<td>$50,200</td>
<td>$56,475</td>
<td>$62,760</td>
<td>$69,025</td>
<td>$75,300</td>
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<td>Family Size 5</td>
<td>$29,420</td>
<td>$36,775</td>
<td>$44,130</td>
<td>$51,485</td>
<td>$58,840</td>
<td>$66,195</td>
<td>$73,550</td>
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<td>Family Size 6</td>
<td>$33,740</td>
<td>$42,175</td>
<td>$50,610</td>
<td>$59,045</td>
<td>$67,480</td>
<td>$75,915</td>
<td>$84,350</td>
<td>$92,785</td>
<td>$101,220</td>
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<td>$38,060</td>
<td>$47,575</td>
<td>$57,090</td>
<td>$66,605</td>
<td>$76,120</td>
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<tr>
<td>Family Size 8</td>
<td>$42,380</td>
<td>$52,975</td>
<td>$63,570</td>
<td>$74,165</td>
<td>$84,760</td>
<td>$95,355</td>
<td>$105,950</td>
<td>$116,545</td>
<td>$127,140</td>
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**Sliding Scale Discount from Price**

<table>
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<tr>
<th>Sliding Scale Discount from Price</th>
<th>100%</th>
<th>89%</th>
<th>78%</th>
<th>67%</th>
<th>56%</th>
<th>45%</th>
<th>34%</th>
<th>23%</th>
<th>12%</th>
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</table>

If the household income qualifies in the 301% - 400% column above, the patient discount is the lesser of hospital charges or the prevailing Medicare rate.

**Notes:**

- For each additional family member, add $4320 at 100% FPG.
- Price is the lower of total charges or the Medicare rate.
- All discounts assume agreement from patient to pay.