



**Title: Patient Financial Assistance Program**

**Area:** Administration

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**Effective Date:** August 17, 2020

**Scope:** All service areas of the Glens Falls Hospital, its community based healthcare clinics, and Adirondack Medical Services (outpatient physician practices). The GFH Primary Service Area includes Essex, Hamilton, Saratoga, Warren and Washington counties. In addition, financial assistance is available to all patients outside the Primary Service Area as well as patients whose residency is outside of New York State

**Purpose:** Glens Falls Hospital is a not-for-profit healthcare system, committed to the provision of medically necessary healthcare services to all persons regardless of ability to pay.

Our mission is to improve the health and well-being of the people and communities in our region.

The Patient Financial Assistance Program is design to:

- (a) **Meet all Federal and State regulatory requirements**
- (b) **Encourage people to receive medically necessary healthcare services**
- (c) **Provide a consistent methodology for extending financial assistance**
- (d) **Provide financial relief on a case by case basis in the event of a catastrophic situation**

**Definitions:**

Patient Financial Assistance (PFA)

Federal Poverty Level (FPL)

Glens Falls Hospital (GFH)

**Policy:**

It is the policy of Glens Falls Hospital to extend financial assistance to any patient that is uninsured/underinsured. Additional assistance will be available to families that fall within 330% of the Federal Poverty Level (FPL) with consideration made on a case-by-case basis for those above 330% of the FPL. GFH uses the current year Medicare reimbursement rate as the basis of the discounting methodology.

**General Information and Guidelines:**

Information pertaining to the PFA will be posted in all patient service registration areas as well as available in the GFH Patient Information Guide, on the GFH website- [www.glensfallshospital.org](http://www.glensfallshospital.org), on patient statements, and via information brochures available at all service registration locations.

Applications can be printed from the GFH Website, over the phone, by mail, or by speaking to a financial counselor in person.

## Eligibility

- All Uninsured patients will receive a discount equal to the Medicare reimbursement rate at the time of service.

### **Additional PFA discounts require the following:**

- *All visit balances greater than \$2,500 will require* complying with the GFH screening process used to identify all other financial resources available to the patient. The screening process will run concurrent to the processing of a Financial Assistance Application. This includes all group or individual medical plans as well as No Fault and Workers Compensation coverage.
- All Cosmetic services, hearing aids, dental surgery and elective procedures are **not** eligible for PFA.
- A patient's eligibility for PFA will be based upon the size of the applicant's family and the family income level.
- Applicants with income levels up to 330% of the FPL will qualify for PFA.
- Applicants can be patients without insurance, patients who have exhausted their health insurance benefits, patient receiving medically necessary services that are not covered by their insurance, patients who are unable to pay discounted uninsured rate, and patients who are unable to pay their balances after insurance payments, such as deductibles, coinsurances, or copayments.
- The granting of financial assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation. Inclusion in the program will be restricted to US residents only.

### **Patient Financial Assistance Discounting Guidelines:**

- Patients whose family income is at or below 130% of FPL are eligible to pay \$0.
- Patients whose family income is between 131% and 150% of FPL are eligible to pay amounts equal to 20% of the current Medicare rates.
- Patients whose family income is between 151% and 330% of FPL are eligible to pay amounts equal to 100% of the current Medicare rates.
- Patients whose family income is above 331% of FPL will receive a discounting of charges equal to the Medicare rate at the time of service for medically necessary services.

## Application Process

- Patients will complete an application verbally, over the phone, on paper, or online.  
\*\*Patients may disregard requests for payment while their application is under review but this does not erase their debt. GFH will not forward any account to a collection agency during the review process, if the patient has completed the aid application and all necessary documentation has been received.
- Income verification must be provided. The following are acceptable, but not required, forms of income verification. Patients may be determined to be presumptively eligible based upon participation in other income based programs.
- Most recent federal income tax return. (Federal Tax Return will be used to determine family size.
- Self-Employed individuals income calculation will be based on adjusted gross income, SSI, SSD, or pension income statements.
- Once the application and the income verification have been received the Patient Financial Services Department will render a decision within 30 days.
- Any application will be considered withdrawn if all requested documentation is not presented within twenty (20) days of the request.
- If the documentation used to prove eligibility is found to be fraudulent, any Patient Assistance awarded will be revoked and all normal collection efforts will be pursued.

- If application is approved, the approval will remain in effect for 6 months from the original date of service.

### **Appeal Process:**

- The patient has 30 days from the date of the PFA denial letter in which to appeal.
- Appeals may be submitted for: incorrect information provided, a change in the patient's financial situation, or extenuating catastrophic circumstances.
- Appeals should be made in writing and include an explanation of the applicable events listed above to:  
 Glens Falls Hospital  
 Patient Financial Services  
 100 Park St.  
 Glens Falls, NY 12801  
 Attn: Christine LaFountain
- Appeal decisions will be made with-in 10 business days of receiving the appeal.

### ***Relationship to Collection Policies***

Internal and external collection policies and procedures will take into account the extent to which a patient is qualified for charity care or discounts. In addition, patients who qualify for partial discounts are required to make a good faith effort to honor payment agreements with Glens Falls Hospital, including payment plans and discounted hospital bills. Glens Falls Hospital is committed to working with patients to resolve their accounts, and at its discretion, may provide extended payment plans to eligible patients. For any outstanding balance, if a payment plan is not formally established or payment in full is not received within the Self pay billing cycle (120 days), the patient balance will be referred to a Collection Agency

The hospital will not force the sale or foreclosure of a primary residence of a patient who has qualified for patient assistance. Credit agencies reporting and legal action (e.g. garnishing of wages and /or liens), may be used to enforce agreed upon payment plans.

Glens Falls Hospital will defer collection efforts on the accounts of patients during the Patient Financial Assistance application process under this policy.

### **Discounts Beyond PFA:**

- Short Term Payment plan – Patient may spread their remaining responsibility over a ten-month period by requesting and meeting simple payment arrangement obligations for balances under \$1000. A payment plan will be extended if the monthly payment amount exceeds 10% of the gross monthly income.
- Zero Interest Loan Program – GFH has partnered with Western Alliance to offer long term payment options with terms ranging from 18 to 60 months, based balances over \$1000.

### **Communication of Patient Assistance Program:**

Glens Fall Hospital communicates the availability and terms of its patient assistance program to all patients, through means which include, but are not limited to:

- Posted signs within waiting rooms, registration desks as well as emergency rooms and financial services departments,
- Notifications on patient bills and statements,

- Posted policies on the organization's website,
- Brochures given to patients by hospital team members or with other paperwork,
- References within the Glens Falls Hospital patient handbook, and
- Designated staff knowledgeable on the Patient Assistance policy to answer patient questions or who may refer patients to the program.



**FOR INTERNAL USE ONLY**

**Policy Tracking Form:**

**Name of Policy:** Patient Financial Assistance Program

**Replaces Policy:** ADM-041-06-01-01, ADM-041-10-06-11, ADM-041-11-04-06, ADM-041-13-07-01  
ADM-041-12-06-01

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**Title:** Director, Finance & Accounting

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**References:**

**Origination Date:** March 2004

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**Reviewed Dates:** 04/18

**Signature(s):**

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Sr. VP/Chief Financial Officer