



Policy and Procedure

Policy #:088-0110

ISO #: 1363

Policy Type: ☐Clinical ☒Non-clinical

Policy Name:	Financial Assistance	
Policy Manual:	Financial Counseling Department	Page: 1 of: 3
Policy Scope:	Organization Wide	Original Effective Date: 1/1/2016
Process Owner Title:	Manager of Financial Counseling Department	Version/Last Revision Date: 1/1/2020
References/ Related documents:		

POLICY

Nor Lea Hospital District consists of Medical Facilities, which are not-for profit organizations as determined under Internal Revenue Service Code Section 501(c) (3). Federal regulations as well as those promulgated by the State of New Mexico require certain levels of charity each year.

It is the policy of Nor-Lea Hospital District to provide charity care to all persons who meet the requirements of the Financial Assistance Policy and whom receive treatment from Nor-Lea Hospital District or a Nor-Lea Provider, without regard to race, creed, color, national origin, religion, social, or immigrant status. A Nor-Lea provider is a provider employed by Nor-Lea Hospital District or a contract provider providing services in a position normally held by an employed provider. A list of Nor-Lea providers can be found on the Nor-Lea Hospital District website or from one of the financial counselors.

PROCESS

To apply for any assistance program, an application must be submitted to the Financial Counseling Department. Application must include current federal income tax return and minimum of last 30 days of household income or other proof of income as defined by "Family Income". Financial Counseling Department will verify the information and determine if it meets criteria of the eligibility system. The results of this determination will be communicated to the patient or patient representative. Applications determined to meet the criteria of the eligibility based on Family Poverty Level system will be written off or discounted to the Hospital charity care. Guarantors must sign application stating information is truthful, any false information provided, will nullify charity agreement. Individuals will be notified in writing the hospitals determination as to their eligibility for financial assistance.

ELIGIBILITY

Denial from other sources may be required first for consideration of Financial Assistance Program. Nor Lea Hospital District offers assistance and financial counseling for Charity Care, certain Medicaid categories, Financial Indigent, State Health Insurance Exchange, Medicare assessment, the Nor-Lea Hospital CAP program, and others as available. Nor- Lea Hospital may include the use of external publicly available data sources that provide information on guarantors' ability to pay, such as a credit score. Individuals with the capacity to purchase health insurance shall be encouraged to do so. Nor- Lea does not participate in Presumptive-Eligibility determination.

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ELIGIBILITY CONTINUED

For purposes of this policy, “financial assistance” refers to healthcare services provided by Nor-Lea Hospital District at no charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical services provided through emergency room setting;
2. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting as determined by medical provider.
3. Elective services applicable if primary coverage is active; high deductible or co-insurance exists.

Informational brochures about the various financial assistance programs that Nor-Lea offers are available at every registration point within the Nor-Lea Hospital District and are also available on the website.

Uninsured patients are contacted within 72 hours of discharge to inform them about our financial assistance options. Patients also receive information via mail with the initial statement after each date of service.

Nor-Lea Hospital District utilizes prospective methodology based on Medicare CAH annual rates for calculating AGB amounts. Financial Assistance eligible patients are not charged over the Amounts Generally Billed. Any guarantor, who has followed hospital payment policies and has continually met their payment obligations for 48 consecutive months, will be given relief from their balance on the account. The 48-month rule remains in effect unless an account is added to the balance after the initial agreement. If an account is added the 48 months will begin again with the receipt of first payment of new agreement. Patients may apply for “Temporary Payment Arrangements” of up to 6 months if the household is experiencing a hardship situation due to a life changing event.

Nor-Lea Hospital District offers an Annual Account Relief Opportunity beginning March 1st through April 15th. During these dates, patients can take advantage to liquidate any balance. The account must be paid in full to receive a 20% discount.

Patients brought into our Emergency Room unresponsive, unidentified, “John Doe”, or with no means to identify the patients account shall be considered a charity write off.

In the event of non-payment of the agreed upon payments, Nor-Lea Hospital District will refer to the separate Billing and Collections Policy which is available on the NLHD website under the Resources-Financial Assistance 501 (r) option.



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DEFINITIONS

Charity Care-Un-reimbursed services provided to a person classified by the Hospital as financially or medically indigent. Nor-Lea Hospital will use the Federal Poverty Guidelines to determine eligibility for financial assistance. If primary insurance coverage or secondary coverage is obtained and retained for at least 6 months as recommended by Financial Counseling Department, patient may qualify for additional charity considerations.

Financial Indigent-An uninsured or underinsured person who is accepted for care with no obligation or discounted obligation to pay for the services rendered based on the Hospitals eligibility system. A financially indigent person will be determined based on the federal poverty guidelines issued by the Department of Health and Human Services and other financial assets and liabilities of the person may be considered when determining eligibility. The hospital may consider other outstanding medical bills for the entire household when determining eligibility for Financial Indigent Assistance.

Hospital Eligibility System-The financial criteria and procedures used by the Hospital to determine if a patient is eligible for charity care.

CAP Program-Nor Lea Hospital District offers a Community Assistance Program for residents of Lea County. Criteria for this program, is listed in Administrative Manual under CAP Program.

Health Insurance Exchange-Nor Lea Hospital District will work with the state of New Mexico to enroll New Mexico residents into the Health Insurance Exchange. Nor Lea Hospital will work with the state and advocate this program to ensure that all New Mexicans are aware of what is offered.

***Nor Lea Hospital District will use the Federal Title X Poverty Guidelines for all Financial Assistance Applications.**