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OPERATING PROCEDURE NO. 120-22

NYC H+H Financial Assistance Policies and Procedures

To: Distribution "B"¹

From: Mitchell Katz, MD 
President and Chief Executive Officer

Date: July 31, 2019

Effective Date: August 1, 2019

Responsible Department: Finance

Regulatory Requirement(s): NYS Hospital Financial Assistance Law (Public Health Law 2807-k(9-a))

Required Date of Review: As needed

I. PURPOSE:

This Operating Procedure and policy incorporates procedures and guidelines to assure facility staff compliance with NYS Hospital Financial Assistance Law (Public Health Law Section 2807-k (9-a)) ("HFAL") which requires notification to patients of the availability of a process to reduce medical bills. This Policy intends to expand beyond the requirements of HFAL in order to support the role of NYC Health + Hospitals as the public safety net health care system of New York City and to support its mission to offer a wide range of high quality and affordable health care services to keep our patients healthy and to address the needs of New York City's diverse populations.

¹ See Operating Procedure 10-11 for the titles of the individuals covered under Distribution "B."

This Policy supersedes OP 120-22 H+H Options Policy & Procedure to reflect the creation of the NYC Care program. NYC Care and H+H Options are two Financial Assistance programs offered to NYC H+H patients that provide for a reduction of fees for medical services provided.

II. SCOPE:

This policy applies to all NYC Health + Hospitals facilities and services, except skilled nursing facilities and ambulatory care clinics operating as Gotham Health. It governs the obligation to inform patients of Financial Assistance through signage posted in patient waiting areas; messages on patient bills; staff responsibility for advising patients of the right to apply for fee reduction; and Financial Assistance program parameters and design limitations. It intends to provide benefits to patients in accordance with NYS law and NYC Health + Hospitals' mission, while maximizing the availability of insurance coverage for our patients.

III. POLICY:

New York City Health + Hospitals ("NYC H+H" or "the System") provides services regardless of ability to pay. Publicly subsidized and other insurance is a critical and important means to make NYC H+H's mission sustainable and to provide the best care for patients. NYC H+H will optimize efforts to assist patients in obtaining insurance coverage. If insurance coverage is not available or affordable, NYC H+H offers NYC Care and H+H Options to make its care more affordable to patients.

This operating procedure incorporates guiding principles from HFAL with NYC H+H policy and procedures for conducting financial interviews, documents requirements, determining eligibility for fee reduction, pre-payment (deposit) parameters, installment guidelines; appeal rights and more.

IV. DEFINITIONS:

"Financial Assistance Program" means a program that provides for a reduction of fees for medical services provided. NYC H+H offers two Financial Assistance programs for qualifying patients: NYC Care and H+H Options.

"NYC Care" is a NYC H+H program that provides discount services and other benefits to Uninsured Patients based on income and family size who adhere to financial assistance policy requirements and NYC Care residency requirements and reside in or receive care at an H+H facility in a geographic area where the NYC Care program has gone into effect.

"H+H Options" is a NYC H+H program that provides discount services to Uninsured or Underinsured Patients based on income and family size who adhere to financial assistance policy requirements and meet all NYC Care eligibility requirements except for NYC Care residency requirements or require services at NYC H+H not available under NYC Care.

“Financial Counseling Screening” refers to a process through which a patient or potential patient is screened for insurance eligibility.

“NYC H+H Facilities” refers to all NYC Health + Hospitals facilities, except skilled nursing facilities or ambulatory care clinics operating as Gotham health, and all services provided therein.

“Insurance Coverage” includes group health insurance coverage, Medicare, Child Health Plus, Essential Plan, Medicaid coverage, other publicly subsidized programs for individuals or unsubsidized Qualified Health Plans.

“Unaffordable Insurance Coverage” means insurance coverage for which a patient or potential patient is eligible, but the monthly premium is not considered affordable under the Affordable Care Act.

“Uninsured Patients” means patients who have received or intend to receive services from NYC H+H but who do not have Insurance Coverage.

“Underinsured Patients” means patients who have received or intend to receive services from NYC H+H and have exhausted their insurance benefits or have significant copays or coinsurance which the patient can show to be unaffordable. Underinsured Patients include: patients with patient responsibility balances above 20% of the patient’s annual income; patients with exhausted Medicare or No-Fault benefits; patients without Insurance Coverage for eye care, dental care, behavioral health services, physical rehabilitation services, substance use treatment, or pharmacy; and patients with in-network coverage available at NYC H+H through their HMO/commercial insurance but who have exhausted their insurance benefits. Underinsured Patients do not include Non-Participating Patients.

“Non-Participating Patients” means patients who have Insurance Coverage from an HMO/commercial insurance that is not accepted at NYC H+H.

“Refuse Financial Counseling Screening” means an Uninsured Patient or Underinsured Patient who is unwilling to provide required information in order to complete an application through the New York State of Health Insurance Marketplace (“NYSOH”) or the Local Department of Social Services (“LDSS”) to determine eligibility for Insurance Coverage after it is determined that the patient or responsible party may be eligible.

“Decline Enrollment in Eligible Coverage” means an Uninsured Patient or Underinsured Patient who has participated in a Financial Counseling Screening and has been confirmed to be eligible for Insurance Coverage but declines to enroll in that coverage.

“Consent to Charges” is a form used to educate Patients who refuse Financial Counseling Screening or Decline Enrollment in Eligible Coverage that they will be billed at full charges for medical services received.

“Referring Community Based Organizations (CBOs)” means community-based organizations that have entered into an agreement with NYC H+H to allow its authorized

staff to refer current or potential NYC H+H patients who they believe to be eligible for Financial Assistance Programs.

V. PROCEDURE:

1) General Information

- a) Only NYC H+H staff acting as Financial Counselors or approved vendors are permitted to enroll patients in an H+H Financial Assistance Program.
- b) Standard Corporate Signs with information about the availability of Financial Assistance including current FPL income guidelines for sliding fee scales will be displayed in conspicuous areas within NYC H+H Facilities, including lobbies and waiting areas of clinics, pharmacies and emergency departments. Signs must include a location in the NYC H+H Facility where information about Financial Assistance can be obtained, and the phone number for patients to speak with a Financial Counselor. NYC H+H Facilities are responsible for obtaining standard corporate signs and brochures for distribution to patients in dominant languages spoken by its patient population. Official translations are available in twelve languages (Albanian, Arabic, Bengali, Chinese, French, Haitian-Creole, Hindi, Korean, Polish, Russian, Spanish and Urdu.).
- c) Patient bills will contain messages regarding the availability of Financial Assistance Programs and provide phone numbers to call and /or locations to visit to receive information about or to apply for Financial Assistance Programs.
- d) NYC H+H staff who interact with patients and/or have responsibility for patient registration, financial counseling, billing and follow up will be trained in the implementation of this policy.
- e) In accordance with HFAL, NYC H+H has a mechanism for its hospitals to measure its compliance with financial aid policies and procedures.

2) Patient Access

- a) Financial Counseling Screening appointments will be offered to Uninsured Patients and Underinsured Patients at various times, including through the Call Center, in the emergency room, at outpatient/clinic registration, at inpatient admitting, during an inpatient stay or after discharge.
- b) Registration or other designated staff from NYC H+H Facility emergency departments will refer Uninsured Patients and

Underinsured Patients for Financial Counseling Screening with Financial Counselors located in the department's discharge office after a medical screening exam has been completed and the patient has been stabilized, for the purpose of determining eligibility for Insurance Coverage or Financial Assistance Programs. For NYC H+H Facilities that do not have a discharge office, appropriate measures must be taken to ensure the patient is provided with Financial Counseling Screening as soon as feasible, provided, however, that such Financial Counseling Screening does not delay a patient's required treatment or stabilization.

- c) Patients can also self-refer for Financial Counseling Screening through a variety of pathways, including through information obtained via the New York City Information and Referral Service Number (311), NYC H+H internet website, and generally at sites where medical services are provided.
- d) Non-Participating Patients with non-emergent conditions and not in active labor should be referred to H+H Managed Care Office for enrollment in a participating health plan or to their HMO/insurance representative for a referral to a participating provider.
- e) Patients may apply for Financial Assistance Programs regardless of their immigration status.

3) Eligibility

- a) Patients are eligible for NYC Care if they meet the following requirements:
 - i. Have lived in New York City for a minimum of 6 months; and
 - ii. Have gross income at or below 500% of the Federal Poverty Level ("FPL") for their household size; and either:
 - a) Have completed Financial Counseling Screening and been found ineligible for Insurance Coverage or have only Unaffordable Insurance Coverage available to them; or
 - b) Have completed a Financial Counseling Screening and are found to be eligible for Medicaid for Emergency Services Only or Medicaid for Pregnant women.
- b) Patients may be eligible for H+H Options if they meet all of the eligibility criteria above except for the NYC residency requirement at Paragraph (3)(a)(i) and meet one of the following:

- i. Such patients with bills for emergent treatment or hospitalizations admitted through the Emergency Department who reside in New York State or are visitors with a New York State address; and
 - ii. Such patients receiving non-emergent outpatient and inpatient services who have lived in New York City for less than 6 months, or are visitors with a New York City address, except Non-Participating Patients.
 - iii. Patients or visitors from Westchester County are eligible for H+H Options if receiving services at NYC H+H Facilities in the Bronx; patients or visitors from Nassau County if receiving services at NYC H+H Facilities in Queens.
- c) Eligibility shall not exceed one year from the date of NYC Care enrollment for outpatient services. Eligibility may be established for less than one year based on date of most recent Financial Counseling Screening and/or for patients who do not qualify for Insurance Coverage solely due to the need to apply during a New York State of Health open enrollment period. Eligibility may be re-evaluated for each inpatient admission.
 - d) Patients who refuse Financial Counseling Screening are not eligible for NYC Care or H+H Options unless a designated Financial Counseling supervisor signs a hardship waiver for the patient (Attachment D).
 - e) Patients who complete a Financial Counseling Screening and have applied and been found eligible for Insurance Coverage, but who decline to enroll in that coverage, are not eligible for NYC Care, or H+H Options unless a designated Financial Counseling supervisor signs a hardship waiver for the patient (Attachment D).
 - f) A patient may complete a Financial Counseling Screening with an NYC H+H Financial Counselor or may present documentation from NYC H+H partners such as MetroPlus, HealthFirst, Referring Community Based Organizations (CBOs), the New York State of Health Insurance Marketplace (NYSOH) or the LDSS, indicating completion of Financial Counseling Screening.
 - g) Notwithstanding the above, patients who are actively enrolled in Medicaid with coverage for Emergency Services only shall be determined presumptively eligible for a fee reduction otherwise available under the Financial Assistance Program for non-emergent care received without the need for an additional Financial Counseling Screening. Patients who fall into this category who are pregnant

women or children under the age of 1 shall automatically qualify for a discount at the 201-250% FPL; and all other patients who fall into this category shall automatically qualify for a discount at the 126-150% FPL. Such patients shall be notified of having been determined presumptively eligible for this discount. As part of this notification, such patients shall be advised that if they believe they may be eligible for a further discount, they may contact a Financial Counselor for an additional review.

4) Procedures

- a) During the Financial Counseling Screening, Financial Counselors will request identification, proof of address and proof of income and other documentation as required as part of the process for applying for Insurance Coverage and/or Financial Assistance. Financial Counselors should refer to approved training materials for a list of acceptable documents. NYC H+H, in accordance with IRS regulations, may use the prospective method to evaluate income and resources.
- b) During the Financial Counseling Screening, Patients will first be screened for Insurance Coverage. Patients eligible for Insurance Coverage will be assisted through the application process and enrolled in coverage.
- c) Patients deemed ineligible for Insurance Coverage or who only have Unaffordable Insurance Coverage options available to them are not asked to re-produce the same or similar documents for Financial Assistance Programs.
- d) Patients who are not eligible for Insurance Coverage or who only have Unaffordable Insurance Coverage options available to them will be evaluated for Financial Assistance Programs.
- e) NYC H+H will provide a written response to all completed applications for Financial Assistance Programs approving or denying the application within 30 days after receipt of a completed application. If an application is not complete, the patient should be asked to provide the necessary information to complete the application. If the patient does not provide the requested information the application may be denied.
- f) Patients are not required to pay bills and cannot be asked for deposits while applications for Insurance Coverage or Financial Assistance Programs are pending; staff must advise patients that once they submit a completed application including documentation, they do not

need to make any payments while the Insurance Coverage application or a Financial Assistance Programs application is pending.

- g) Provided that patients cooperate with the Financial Counseling Screening process, NYC H+H will presume that patients whose income is below 300% of the FPL are presumptively eligible for Financial Assistance Programs until the application is processed and a decision is made.
 - h) Patients eligible for Financial Assistance Programs will be informed regarding their fee reduction amount and given a copy of the "Notice of Reduced Fee Determination" form (see Attachment B). The form will be provided personally or mailed to patients and scanned into the NYC H+H HIS.
 - i) Patients not eligible for Financial Assistance Programs will receive a "Notice of Reduced Fee Denial" giving the reason for the denial and a "Notice of Appeal" form. The forms will be provided personally or mailed to patients. The Notice of Reduced Fee Denial form contains the phone number of the NYS Department of Health Complaint Hotline. (Attachment C)
 - j) Patients in receipt of a Notice of Appeal form will be advised to return the completed form and supporting documentation to the attention of a Designated Finance Representative (e.g. Patient Access Director, Patient Account Director and/or other specified Facility Finance Officers) within 30 days of the date of the determination. The Designated Finance Representative will review the appeal and determine whether to uphold or reverse the initial determination. Appeals may be escalated as necessary by the Designated Finance Representative to the Fee Settlement Board of NYC H+H.
 - k) There is no time limitation for applying for Financial Assistance Programs. Patients with old or delinquent accounts may apply for Financial Assistance.
 - l) Patients who refuse Financial Counseling Screening or Decline Enrollment in Eligible Coverage may be asked to sign a Consent to Charges form. (Attachment G)
- 5) Fee Scales and Deposits
- a) Patients who meet the criteria provided in this Policy are eligible for discounts for medically necessary care. (Attachment A)
 - b) Medically necessary care includes all care determined to be medically necessary by NYC H+H clinicians. Cosmetic services that are deemed restorative (e.g., breast implants after breast removal due to

cancer or plastic surgery to repair facial damage resulting from injury or disease) may be determined to be medically necessary.

- c) For patients who are enrolled in Insurance Coverage that is not yet active and where retroactive eligibility will not be available, H+H Options will be available for urgent or emergent services or for previously scheduled non-urgent appointments. New appointments for non-urgent or non-emergent services should be postponed until Insurance Coverage is active.
 - d) NYC H+H complies with HFAL regarding deposits for medically necessary treatment, scheduled or emergent. Scheduling tests or procedures for medically necessary treatment cannot be delayed or postponed while awaiting deposits. Patients may not be charged deposits more than 10% of a patient's gross monthly income. Installment payments are allowable for inpatient and outpatient balances.
 - e) Installment amounts may be a minimum of the lesser of 10% of gross monthly income or \$25 a month; if the total balance due is \$2,500 or more, patients may enter into extended payment agreements until the full balance is paid.
 - f) For patients for whom the physician determines that prolonged, chronic care is required, the physician shall prepare a "statement of need" indicating diagnosis, and expected length and frequency of treatment, which the patient should provide to a Financial Counselor. (Attachment F) The Financial Counselor shall scan this statement of need into the NYC H+H HIS. During this course of prolonged and required chronic care, the NYC Care or H+H Options fee for that care should be charged no more than monthly. This paragraph supersedes Executive Order 29, dated January 1, 1985.
 - g) When a patient who qualifies for NYC Care or H+H Options is admitted to a NYC H+H Facility then transferred to a second NYC H+H Facility and discharged, the first hospital is responsible for billing the patient the reduced fee amount and the second hospital should write off any balance. The patient is not to be billed more than once.
- 6) Fee Settlement Board of NYC H+H
- a) The Fee Settlement Board of NYC H+H is established to handle the reduction of bills when patients do not qualify for or do not wish to have their NYC H+H bill reduced according to Financial Assistance Program guidelines. Referrals to the Fee Settlement Board should be made under the following circumstances:

- i. Patient's income is above the maximum for fee reduction and paying at the Selfpay Rate for the service would impose a financial hardship;
 - ii. Patient's household income is within the maximum for fee reduction and paying at the reduced fee amount would impose a financial hardship;
 - iii. Patient has submitted a Notice of Appeal and additional review is required; or
 - iv. Patients do not meet the residency requirements.
- b) Requests for charge reductions by the Fee Settlement Board are submitted by patients through the NYC H+H Facility Designated Finance Representatives and forwarded to Revenue Management for processing.
 - c) Fees may not be reduced from the applicable amount (e.g., the reduced fee amount for those eligible for Financial Assistance Programs; or the Selfpay Rate for those not eligible for Financial Assistance Programs) without approval from the Fee Settlement Board.

7) Collections and Collection Agencies

- a) A patient's bill with a notification that the account will be referred to collections must be sent to the patient at least 30 days prior to referral to a collection agency. Contracted agencies must obtain NYC H+H written approval before commencing legal action.
- b) Collections are prohibited against any patient who was eligible for enrollment in Medicaid at the time services were rendered and who cooperates with respect to applying for and enrolling in coverage under Medicaid to the extent such person is eligible. Collections are prohibited if the patient has submitted a completed application for Financial Assistance Program and the determination is pending.
- c) If accounts are referred to collection agencies for follow up activity, the agencies are required to notify patients of the availability of Financial Assistance Program.
- d) Account balances reduced via an NYC H+H Financial Assistance Program cannot be reversed to full charges when referred for follow up debt collection activity.
- e) NYC H+H's debt collection policies, e.g., criteria for commencing a collection action and implementing post-judgment collection

remedies, must be consistent with this policy. Contracted agencies and/or attorneys must act in a manner that is consistent with this policy and provide information to patients on how to apply for financial assistance, where appropriate.

- f) NYC H+H and Collection Agencies may place a lien against patients' primary residence; however, no action may be taken to force the sale or foreclosure of patients' primary residence to collect on an outstanding bill.
 - g) Agencies may not negotiate debt settlement outside of H+H Financial Assistance guidelines. Offers to settle accounts for payment outside H+H Financial Assistance guidelines are referred to the Fee Settlement Board described above.
 - h) Only approved vendors are permitted to enroll patients in Financial Assistance.
- 8) Confidentiality
- a) Staff must respect and protect the privacy of all patients by keeping protected health information confidential in accordance with all federal, State and City laws and NYC H+H rules, policies, and guidance, including financial and immigration information.
 - b) Information regarding patients' immigration/residency status will not be given to outside agencies, except as required by law other than to support enrollment in Insurance Coverage.
- 9) Contact Information
- a) Questions regarding the H+H Financial Assistance policy should be directed to the Patient Access Director, Patient Account Director and/or other specified Facility Finance Officers of any NYC H+H Facility.

VI. RESPONSIBILITIES:

The Senior Vice President of Finance is responsible to oversee the implementation of this policy and periodically review it for necessary revisions. NYC H+H Facility Chief Financial Officers are responsible for local implementation of the policy. Central Office Revenue Management is responsible to support system-wide implementation and manage the Fee Settlement Board.

Attachment A: NYC H+H Financial Assistance Fee Scale Tables

Applicable to NYC Care and H+H Options

NYC H+H Financial Assistance Fee Scale Table

<101% FPL	151-200% FPL	301-350% FPL	Fee
OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg Woman OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg Woman OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg W OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	\$0 \$0 \$0 \$0 \$0 \$15 \$0 \$2 \$0
101-125% FPL	201-250% FPL	351-500% FPL	Fee
OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg Woman OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg Woman OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg W OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	\$2 \$0 \$0 \$3 \$0 \$15 \$25 \$2 \$0
126-150% FPL	251-300% FPL	501%+ FPL	Fee
OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg Woman OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg Woman OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	OP Clinic Visit - Adult OP Clinic Visit - Kid or Preg W OP Behavioral Health ED - Adult ED - Kid or Preg Woman Amb surg and MRI Testing Adult Day Care IP Rx Copay or deductible	\$3 \$0 \$0 \$3 \$0 \$25 \$15 \$25 \$2 \$0

Attachment B: Notice of Reduced Fee Determination

Notice of Reduced Fee Determination

Today's Date: _____
 MRN #: _____ Account #: _____

Patient Name: _____
 [Last, First]

Guarantor Name: _____
 [Last, First]

According to the information and documentation provided the above named patient is eligible for a free reduction as follows:

Check All That Apply

Type of Visit	Dates of Service	Reduced Fee Amount
<input type="checkbox"/> Inpatient Admission	_____ to _____	
<input type="checkbox"/> Ambulatory Surgery and MRI Testing	_____ to _____	
<input type="checkbox"/> Emergency Dept. (per visit)	_____ to _____	
<input type="checkbox"/> Clinic (per visit)	_____ to _____	
<input type="checkbox"/> Pharmacy (per prescription)	_____ to _____	

 Name of Financial Counselor [Last, First]

 Signature of Financial Counselor

 Date

 Name of Financial Counseling Supervisor [Last, First]

 Signature of Authorized Financial Counseling Supervisor

 Date

Attachment C: Notice of Reduced Fee Denial

NYC H+H/[Insert Hospital Name]
[Insert Hospital Mailing Address and Contact Information]

Notice of Reduced Fee Denial

Today's Date: _____

MRN #: _____

Account #: _____

Patient Name: _____

[Last, First]

Guarantor Name: _____

[Last, First]

According to the information and documentation provided the above named patient is not eligible for a fee reduction.

Check All That Apply

Reason

- Your household earnings are above 500% of the Federal Poverty Level ("FPL") based upon the income and family size information you submitted
- Your address is not within the City of New York or _____ County and you received Clinic Services or non-emergency ambulatory surgery
- Your address is not within New York State
- You have available insurance coverage that could be utilized at an in-network provider, but chose to receive out-of-network care at NYC H+H
- You refused financial counseling screening
- You were determined eligible for other insurance coverage and you refused to apply or enroll

If you believe an error was made or if you believe there is cause for your application to be reconsidered you have a right to appeal.

Enclosed is a Notice of Appeal form. You have 30 days to complete the form and return it to the address above. You will receive written notification of the decision within 30 days of receipt of the appeal.

Please include copies of documents and provide information that you would like considered as part of your appeal.

You also have the right to contact the NYS Department of Health's complaint hotline regarding the matter at (800) 804-5447.

Name of Financial Counselor [Last, First]

Signature of Financial Counselor

Date

Name of Financial Counseling Supervisor [Last, First]

Signature of Authorized Financial Counseling Supervisor

Date

NYC H+H/[Insert Hospital Name]
[Insert Hospital Mailing Address and Contact Information]

Appeal of Reduced Fee Denial

MRN #: _____ Account #: _____

Patient Name: _____ Address: _____
[Last, First]

Guarantor Name: _____
[Last, First]

Please complete the following formation and return the form by no later than _____
to the address above and to the attention of: _____.

Please state your reason for appealing this decision. (Attach additional pages as necessary)

Please list supporting documents included with your appeal.

- _____
- _____
- _____

[Patient/Guarantor Signature]

Date

Attachment D: Hardship Waiver of Insurance Application or Enrollment

Patient Name: _____

DOB: _____

MRN: _____

Financial Counseling: Hardship Waiver of Insurance Application or Enrollment

Financial Counselor - Recommendation

- Patient refused to supply documentation to apply for insurance but demonstrated a hardship

- Patient is eligible for coverage and refused to enroll but demonstrated a hardship

Name of Financial Counselor [Last, First]

Signature of Financial Counselor

Date

Financial Counseling Supervisor – Waiver Approval

By signing below I acknowledge that I have reviewed this case and agree that a significant hardship prevents the above referenced patient from applying for or enrolling in eligible health insurance coverage.

Name of Financial Counseling Supervisor [Last, First]

Signature of Authorized Financial Counseling Supervisor

Date

Attachment E: NYS Self Declaration Form 4444

NEW YORK STATE DEPARTMENT OF HEALTH
Office of Health Insurance Programs

Self-Declaration of Income

Name: _____	App Reg./Case #: _____
Social Security Number: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____

Complete the information below only if you have no other way to document your income. All of the boxes below must be checked and all questions answered. Failure to complete this form may result in denial of your application.

- I get paid in cash
- I do not get pay checks
- I do not get pay stubs
- I cannot get a letter from my employer. Explain why: _____

My cash income is \$ _____ How often (weekly, monthly etc.) _____

Current Employer: _____

Applicants/Recipients must read the following and sign below:

I certify that I have no other way to document my income and that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for Public Health Insurance Programs. I understand that program officials may verify information on this form. I also understand that if I intentionally misrepresent my income, I may have to repay benefits received and may be prosecuted under State law.

Signature of Applicant: _____ Date: _____

Facilitated Enrollers must read the following and sign below:

I certify that I asked the applicant/recipient about all sources of income received by the household and, before using this form, used best efforts to obtain other possible sources of documentation. The information reported on this form was provided solely by the applicant/recipient and reflects the income the applicant reported to me. I did not modify the information in any way. I understand that if I intentionally falsified information on this form or if I assisted the applicant in falsifying any information, I may lose my job and may be prosecuted under State law.

Name: _____ Signature: _____ Date: _____

Attachment F: Certification of Need for Prolonged Chronic Care

Certification of Need for Prolonged, Chronic Care

To be certified by the treating Physician

Today's Date: _____

MRN #: _____

Account #: _____

Patient Name: _____

[Last, First]

Diagnosis Requiring Prolonged Chronic Care: _____

Expected duration of treatment: _____

Number of weeks/months/years; or date of final treatment

Expected frequency of treatment: _____

Daily/weekly

CERTIFICATION

I certify that the above information is accurate.

Name of Certifying Physician [Last, First]

Signature of Certifying Physician

Date

Attachment G: Consent to Charges

Patient Name: _____
DOB: _____
MRN: _____

Financial Counseling: Consent to Be Billed at Charges

For patients seeking inpatient, outpatient and/or emergency room services.

- I have been referred to a financial counselor to help me apply for no- or low-cost health insurance or other financial assistance. I acknowledge that I have chosen not to speak to the financial counselor.

- I met with a financial counselor. I acknowledge that I may be eligible for no- or low-cost health insurance but I have chosen not to apply.

- I met with a financial counselor. I acknowledge that I am eligible for no- or low- cost health insurance but have chosen not to enroll.

Patient or Personal Representative

By acknowledging the above I understand that at this time I am not eligible for financial assistance. I understand that I will be billed at full charges for any medical services provided.

I understand that if I am unable to pay my bill, I can call or visit to meet with a financial counselor at a future time.

Signature of Patient or Personal Representative

Date

Authority to Sign for Patient, if Personal Representative

Date