

Financial Assistance FAQs and Plain Language Summary 2018

What should I do first?

Please contact us if you need assistance in paying for your medical bill, there are several financial assistance programs available that we can assist with. Please call **518.243.1695** or **1.877.456.4557**

What is Financial Assistance?

Financial Assistance is a program that can reduce or eliminate your Ellis Medicine bill and is based on an approval process. How much it is reduced/eliminated is based on established guidelines that include: income level, medical situation, and other indicators of inability to pay. To learn more or apply please ask to speak to a Financial Advocate.

Financial assistance program(s) you may be eligible for:

- Medical Insurance Assistance Program
- Medicaid
- Essential Health Plan
- Financial Assistance [Financial Assistance Application]
- Marketplace Exchange Plan
- Prompt Pay Discount

Who qualifies for financial assistance?

Financial Assistance is available for patients with limited incomes and who are uninsured or underinsured.

Everyone who needs emergency services will receive care. Financial assistance is available for residents of New York State who meet the income limits and/or other criteria as defined in the Financial Assistance Policy

Everyone who can provide documentation of NY State residence can receive financial assistance for non-emergency, medically necessary services at Ellis Medicine if they meet the income limits.

To determine your eligibility for Financial Assistance you must complete a Financial Assistance Application. It is important for you to know that you cannot be denied medically-necessary care because you need financial assistance.

Regardless of immigration status, if you reside in NY State, you can apply for financial assistance.

What are the income limits for Financial Assistance?

We use the most current annual Federal Poverty Level (FPL) scale which is updated annually when published (typically in the month of Feb) to determine where your family size and income place you.

2018 FPL Scale

Household/ Family Size	100%	150%	200%	250%	300%	400%
1	\$12,140	18,210	24,280	30,350	36,420	48,560
2	\$16,460	24,690	32,920	41,150	49,380	65,840
3	\$20,780	31,170	41,560	51,950	62,340	83,120
4	\$25,100	37,650	50,200	62,750	75,300	100,400
5	\$29,420	44,130	58,840	73,550	88,260	117,680
6	\$33,740	50,610	67,480	84,350	101,220	134,960
7	\$38,060	57,090	76,120	95,150	114,180	152,240
8	\$42,380	63,570	84,760	105,950	127,140	169,520
9	\$46,700	70,050	93,400	116,750	140,100	186,800
10	\$51,020	76,530	102,040	127,550	153,060	204,080
11	\$55,340	83,010	110,680	138,350	166,020	221,360
12	\$59,660	89,490	119,320	149,150	178,980	238,640
13	\$63,980	95,970	127,960	159,950	191,940	255,920
14	\$68,300	102,450	136,600	170,750	204,900	273,200

Financial Assistance Income Tiers

Income Tier	% of FPL	Financial Assistance Rate	Dental Financial Assistance Award (highest vol. payer rates)
1	0-300%	100%	100%
4	0-200%	100%	100%

What if I do not meet the income limits for Financial Assistance?

If you cannot pay your bill, Ellis Medicine can work with you to set-up a payment plan or assist in identifying alternative financial assistance programs. Please call **518.243.1500** or **1.877.456.4557** to speak with a Customer Service representative.

What information do I need to apply for Financial Assistance?

- Picture ID
- A bill indicating his/her address
- (4) Pay stub's
- If you cannot provide any of these, you may still be able to apply for financial assistance.

How do I apply for the Ellis Medicine Financial Assistance Program?

- Complete a Financial Assistance Application <http://www.ellismedicine.org/financial-assistance/default.aspx>

Call our Financial Advocates at 518.243.1695, or visit the Financial Advocate office at Ellis Hospital in the Admitting/Patient Registration area, Monday through Friday during normal business hours. Someone can assist you with the Application, information needed or any questions you may have.

- If you do not speak English, someone will help you in your own language.

How does the process work?

Return your completed application form and necessary documents to an Ellis Financial Advocate or mail to:

Ellis Medicine
Patient Financial Services – Mail Code 1935
ATTN: Financial Assistance
1101 Nott Street
Schenectady, NY 12308

Once your application is reviewed, you will be notified of three possible results:

- We need more information from you to complete your application.
- Financial Assistance was approved at one of the tiers.
- You did not qualify for Financial Assistance.

If you are denied Financial Assistance, you can appeal by submitting a letter to the hospital Patient Services Financial Director explaining why the determination should be reconsidered. Please include any additional and appropriate supporting documents at this time.

Such letters can be mailed to:

Ellis Medicine
Patient Financial Services – Mail Code 1935
ATTN: Financial Assistance
1101 Nott Street
Schenectady, NY 12308

What services are covered?

- All medically necessary services provided by Ellis Medicine are covered by financial assistance. This includes outpatient services, emergency care and inpatient admissions.
- The Financial Assistance Program does not honor any applications for admission(s) to our Skilled Nursing Facility and non-emergent elective services, such as cosmetic or dental procedure and, some bariatric procedures.
- Charges from *private doctors* that Ellis Medicine does not bill for who provide services in the hospital are not covered. A list of these provides can be found on our website. You should talk with your private doctor(s) to see if they offer a discount or payment plan.

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Services Not Billed by Hospital

During your hospital stay, you may receive treatment from providers who will bill separately for their services. We will give your insurance information to these providers. Please contact these providers directly with any questions about your bill. Examples of separately billed services: your physicians/surgeon, other consulting physician fees, emergency department physicians, radiologists, anesthesiologists, pathologist, cardiologist, neurologist. You should talk to private doctors to see if they offer a discount or payment plan.

What is the Average Out-of-Pocket Cost for Someone Without Insurance?

Costs will vary depending on the health care service rendered and the setting in which the care is delivered (e.g., hospital, doctor's office). For example, the average out-of-pocket for an uninsured patient for a visit to the emergency room vs. a doctor's office is generally as follows:

- The grid below states the expected payment at the time of service and will be applied to your account as a partial payment on services received.

Service	Self-Pay Expected
ED Technical/Professional	\$250.00 per Visit as initial down payment and billed for remaining balance. A prompt pay discount equal to 50% may be requested and applied if payment in full is received prior to transfer of account to Bad Debt OR payment arrangement set up and in good standing prior to transfer of account to Bad Debt. PPD is not applied to copay, deductible, coinsurance amounts.
Emergent Technical/Professional	\$150.00 per Visit as initial down payment and billed for remaining balance. A prompt pay discount equal to 50% may be requested and applied if payment in full is received prior to transfer of account to Bad Debt OR payment arrangement set up and in good standing prior to transfer of account to Bad Debt. PPD is not applied to copay, deductible, coinsurance amounts.
Service	Self-Pay Expected
Outpatient/Inpatient	A prompt pay discount equal to 50% may be requested and applied if payment in full is received prior to transfer of account to Bad Debt OR payment arrangement set up and in good standing prior to transfer of account to Bad Debt. PPD is not applied to copay, deductible, coinsurance amounts.
Clinic / Professional	A prompt pay discount equal to 50% may be requested and applied if payment in full is received prior to transfer of account to Bad Debt OR payment arrangement set up and in good standing prior to transfer of account to Bad Debt. PPD is not applied to copay, deductible, coinsurance amounts.

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