

Policy Name:	Community Assistance Policy	
Policy Manual:	Financial Counseling Department	Page: 1 of: 2
Policy Scope:	Organization Wide	Original Effective Date: 06/2013
Process Owner Title:	Manager of Financial Counseling Department	Version/Last Revision Date: 9/28/2017
References/ Related documents:		

POLICY STATEMENT

The affordable Care Act enacted into law and the subsequent expansion of Medicaid in New Mexico has provided all legal residents of New Mexico with options to obtain health insurance coverage. Nor Lea Hospital District is committed to provide health care guides to assist the uninsured with enrolling in either Medicaid or one of the New Mexico Health Insurance Exchange products.

Nor Lea Hospital District recognizes even with these new Health Insurance Exchange products residents living near poverty may have challenges affording the deductibles associated with the Health Insurance products. To meet the needs of this population, Nor Lea Hospital District will set in place a Community Assistance Program. Below are qualifications and benefits for this program. Patients must meet all requirements and guidelines to qualify.

PURPOSE

Patients who meet eligibility requirements and who are enrolled in the program will receive a percentage discount on the deductible and/or co-insurance amount due for services at Nor-Lea Hospital District, excluding services provided at Nor Lea Medical Clinics.

The amount of discount is dependent upon the patient's annual income to a maximum of 250% of Federal Poverty Guidelines. Discounts are applied to deductibles and/or co-insurance. The remaining balance will be subject to a monthly payment plan outlined by Hospital Billing Policy.

PROCEDURE

An annual fee of \$100.00 will be charged, and payment is required immediately upon acceptance to CAP. All uninsured patients are required to complete screening by Nor-Lea Financial Counselors prior to receiving non-emergent services. The counselors will assist the uninsured in complying with the Federal Law called the "Affordable Care Act" by determining eligibility for either the Medicaid program or the Health Insurance Exchange.

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REQUIREMENTS

Patient who enroll in or have an eligible health insurance product and meet the poverty guidelines may qualify for the “Community Assistance Program” called CAP. Patients who qualify for CAP will be required to complete a CAP enrollment application (Attachment A).

Documentation required at the time of application submission includes:

- **Signed IRS 1040 form from the most recent year with supporting W-2 forms**
- **Proof of last 30 days of household income (check stubs or financial documentation)**
- **Proof of Health Insurance Coverage**

ELIGIBILITY

Federal Poverty Guidelines for Title 10 provided by the Department of Health and Human Services will be used as the financial requirements. Additionally, these guidelines will determine the amount of the patient’s deductible and/or co-insurance discount. See attached Sliding Scale Discount Chart. (Attachment B).

Patients will be issued a CAP enrollment card which lists the patient’s name, date of birth, coverage dates, and discount percentages. This card must be presented when the patient presents for any hospital services.