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Owner Cecilia Hadrill:
Director, Patient
Access
Policy Area ADMINISTRATION
- OPERATIONS
Applicability Memorial
Medical Center
of Las Cruces

Healthcare Coverage Assistance ADM POL 8-15

1. Purpose

The purpose of this policy is to outline the procedures and responsibilities for providing healthcare coverage assistance to individuals seeking care at Memorial Medical Center (MMC) with the goal of ensuring that all patients receive support in understanding their healthcare coverage options, including financial assistance programs, as required by state and federal laws, such as the Patient Debt Collection Practices Act, the Healthcare Funding Act, and the Indigent Hospital and County Health Care Act.

MMC also recognizes and is committed to complying with its legal responsibility to provide care to patients who have been determined to meet the definition of indigency under the Indigent Hospital and County Health Care Act. To facilitate such compliance, this policy sets forth the screening process that will be utilized to ascertain whether an individual meets the definition of indigency under the Indigent Hospital and County Health Care Act.

2. Scope

This policy applies to all hospital staff involved in patient intake, financial counseling, and healthcare coverage assistance.

3. Policy

MMC is committed to providing comprehensive healthcare coverage assistance to ensure patients receive the care they need regardless of their financial situation. The hospital will offer support through the following methods:

- **Eligibility Screening:** Assess patients for eligibility for various financial assistance programs as well as for indigency as that status is defined under applicable laws and rules.
- **Application Assistance:** Provide help with completing and submitting applications for

healthcare coverage and financial assistance.

- **Information and Resources:** Offer information on available programs and resources to help patients make informed decisions about their healthcare coverage.

4. Procedure

4.1. Eligibility Screening

- **Initial Assessment:**
 - During the intake process, collect information on the patient's insurance status and financial situation.
 - Utilize a standardized screening tool to assess potential eligibility for financial assistance, government programs, and indigency.
- **Verification:**
 - Confirm the patient's eligibility using required documentation such as proof of income, household size, and any existing insurance coverage.
 - Refer patients to financial counselors for further evaluation if needed.

4.2. Application Assistance

- **Guidance:**
 - Provide clear instructions and assistance for completing applications for healthcare coverage and financial assistance.
 - Offer support in gathering necessary documentation and completing forms.
 - Provide information regarding alternative in-network insurance providers and self-pay options for out-of-network patients.
- **Submission:**
 - Review completed applications for accuracy before submission.
 - Enable, assist, and monitor timely submission of applications to appropriate programs or agencies.

4.3. Information and Resources

- **Program Information:**
 - Provide patients with information about available financial assistance programs, including state and federal programs, indigent care, and sliding scale fee programs.
 - Explain the benefits, requirements, and application processes for each eligible program.
- **Resource Availability:**
 - Inform patients about community resources, such as local health departments or non-profit organizations, that offer additional support.

4.4. Follow-Up and Support

- **Application Status:**

- Follow up with patients to track the status of their applications and provide updates.
- Address any issues or additional requirements that arise during the application process.
- **Continued Support:**
 - Offer ongoing support to patients who are experiencing difficulties or delays in obtaining coverage.
 - Provide aid with appeals or reapplications if initial requests are denied.

4.5 Determination of Indigency

- Determine if patient qualifies as indigent under any applicable law or rule and inform patient of any eligibility resulting from such determination.

Responsibilities

- **Patient Access Representatives:**
 - Conduct preliminary eligibility screening to determine need for assistance.
 - Provide information for healthcare coverage options and resources available.
- **Healthcare Coverage Advisors:**
 - Conducts eligibility screenings, provide application assistance, and offer information on available programs.
 - Ensure accurate and timely processing of applications, follow-up with patients, and communicate eligibility determination results.
 - Report quality assurance audit results to ensure adherence to policy
 - Manage documentation and record maintenance for applications and patient interactions.
- **Medicaid Eligibility Advocates:**
 - Coordinates, facilitates, and supports the Medicaid application process for the emergency and acute patient population.

6. Training

- **Staff Training:**
 - Provide regular training for all relevant staff on healthcare coverage programs, application processes, confidentiality requirements, and indigency standards
 - Ensure required certifications are completed and active.
 - Update training materials as policies, programs, and regulations change.

7. Review and Updates

This policy will be reviewed annually or as needed to ensure it meets current legal requirements, program guidelines, and hospital practices.

8. Approval

This policy will be reviewed and approved by the MMC CFO, AVP Revenue Cycle Operations, and MMC Compliance Officer.

Attachments

[2023-68 Healthcare Assistance Program Resolution Signed.pdf](#)

[ADM 8-15 SCREENING WORKFLOW 11.24.24.pdf](#)

Approval Signatures

Step Description	Approver	Date
CFO	Laura Thomas: CFO	03/2025
	Brenda Tibbs: Controller	01/2025
	Laura Thomas: CFO	01/2025

Applicability

Memorial Medical Center of Las Cruces