

Will Power

A MONTHLY NEWSLETTER FROM THE PIONEERS ASSISTANCE FUND

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HOSPITAL BILL FORGIVENESS

Q: I got a hospital bill and after insurance, I still owe \$4,300! Can hospitals send you to collections?

A: Hospitals expect payment for care. They bill primary insurance first, then secondary, then you. When you get the bill, check to make sure all insurance coverage has been applied, and check for errors.

A hospital bill can be disputed and often negotiated by calling the hospital billing office. They usually allow some flexibility for the portion that comes out of your pocket. Can't hurt to ask. If you do agree on a total, you are expected to pay. If you don't pay, they can send you to collections. Hospital collections, or medical debt, is often pursued aggressively. It can be reported to credit bureaus as well. It is the "top complaint" at the Consumer Financial Protection Bureau.

Hospitals that enjoy non-profit status (that's about 3,000 or 60% of U.S. hospitals) are supposed to tell patients up front that they may be eligible for financial assistance. That law was put in place at the end of 2014 as part of the Affordable Care Act. Non-profit hospitals do not have to pay federal taxes, so they are expected to pass that savings on to the community. The financial assistance may take the form of sliding scale, discount, or charitable

write-off. It depends on the patients' needs and ability to pay, and hospital policy.

The law requires that non-profit hospitals try to identify whether a patient is eligible for assistance before sending a case to collections, report to a credit bureau or pursue the debt in court.

A recent study by the Institute for Healthcare Policy and Innovation found that 42% of non-profit hospitals are not informing potentially eligible patients of the financial help. So be sure to ask! When choosing a local hospital, determine if it is non-profit. Ask for a copy of its financial assistance eligibility guidelines. If you need help, call us.

Resources:

"Many Hospitals Keeping Quiet on Charity Care, Study Finds," in The Chronicle of Philanthropy. November 6, 2015.

<https://philanthropy.com/article/Many-Hospitals-Keeping-Quiet/234213/>

"New Rules to Limit Tactics on Hospitals' Fee Collection," by Robert Pear. The New York Times 1/11/15. Available at:

http://www.nytimes.com/2015/01/12/us/politics/new-rules-to-limit-tactics-on-hospitals-fee-collections.html?_r=0.

JOKE OF THE MONTH

*"What do you call an obnoxious potato?"
"A dictator."*

WILL CALL

Do you or someone you know need our assistance? Call toll-free (888) 994-3863 or wrpioneers.org



ENVISION EYE HEALTH

If you are reading this newsletter with your eyes, then you might be interested in maintaining good eye health. January is National Glaucoma Awareness Month. Vision is something that most people take for granted, until it starts to decline. Being mindful of eye health can help you maintain your vision for as long as possible.

Glaucoma describes a few diseases that affect the optic nerve. Damage to the optic nerve interferes with the ability of the eyeball to send visual messages to the brain.

The result of untreated Glaucoma is vision loss. The most common type of Glaucoma usually starts with loss of peripheral vision. It is not reversible, but there is treatment if caught early that can help preserve remaining vision.

Glaucoma affects three to four million Americans every year, with specific population groups at even higher risk (African-Americans, Latinos, and people with a family history of the disease, aged). Glaucoma Awareness Month aims to get these high risk groups to the doctor's office for testing. Ask your doctor's office for a referral.

The most common type, Open-Angle Glaucoma, can be detected by having an eye test with dilation. It's covered by insurance. There is a rare form called Angle-Closure

Glaucoma, which does have symptoms including eye pain and sudden vision loss, visual disturbance and nausea. If you experience these symptoms, seek emergency medical attention right away.

Using your mindfulness techniques, pause to think about everything you do each day using your vision. From driving, to reading to dialing the phone, your eyes need your attention whether you think they are working fine, or if you suspect there might be a problem. Early detection is crucial because there are no early symptoms of Glaucoma. According to the National Eye Institute at the National Institutes of Health, half the people who have Glaucoma don't know they have it! Don't let that be you.

FROM MEDICARE: Medicare Part B covers (80%) of a glaucoma test once every 12 months for people at high risk for glaucoma. The screening must be done or supervised by an eye doctor who's legally allowed to do this test in your state. You're at high risk if you have diabetes, a family history of glaucoma, are African American and 50 or older, or are Hispanic American and 65 or older.

Resources:

<http://www.glaucoma.org>
<https://nei.nih.gov/nehep/gam>

“ QUOTE OF THE MONTH

Strangers are just friends I haven't met yet. - Will Rogers

