

Frequently Asked Billing Questions

Placing a loved one in a nursing home is never easy. Not only is it difficult to acknowledge the individual's physical limitations due to age, illness or injury, but the financial aspects of nursing home placement can be complex and confusing. We have developed these "frequently asked questions" to help you better understand how the financial process works. Please do not hesitate to ask any questions you may have; we will do our best to make sure you understand the billing process.

Q. If my loved one has Medicare Part A as a primary insurance, what is he/she financially obligated to pay?

A. As long as the resident's medical needs meet Medicare Part A criteria, Medicare pays in full for the first 20 days of the resident's stay. From days 21 - 100, Medicare will continue to pay, but the patient is responsible to pay a coinsurance amount each day. This coinsurance amount changes each year. After day 100, the resident is responsible to pay privately for all applicable charges. The facility will notify you when the Medicare criteria are no longer met and Medicare Part A will no longer pay for the resident's stay.

Q. If the resident has a secondary health insurance policy, will it pay for the Medicare coinsurance days (days 21 - 100)?

A. Some health insurances will pay for the balance after Medicare. Please refer to the resident's insurance policy to determine if he/she has coverage for the skilled nursing benefit. NOTE: The Empire Plan (the health plan for New York State retirees) DOES NOT COVER skilled nursing coinsurance days when Medicare is the primary payor. The resident is responsible for the balance after Medicare if no other insurance exists.

Q. When paying privately, how often is the resident billed and to whom is the statement sent? Also, when should the resident/designated party/Power of Attorney (POA) expect the first statement?

A. Billing statements are sent monthly, within the first two (2) business days of the month and are due 15 days from the date on the statement. The resident/designated party/POA should receive the first statement at the beginning of the month following the month of admission.

Q. What should the resident/designated party/POA expect to see on the billing statement?

A. The first statement will include the prorated amount from the month of admission (this is the number of days the resident was in the facility multiplied by the room and board rate). It will also include the "Pre-Bill" for the upcoming month's charges. You will also see a charge for the "NYS Tax Assessment". The balance will be that portion that is due from the resident after all insurance payments have been deducted.

Q. What is the NYS Tax Assessment?

A. This is a tax on nursing home residents instituted by New York State. During the period when the resident is receiving services covered by his/her insurance, the tax is included in the insurance payment. Once a resident is paying privately for his/her stay, the tax is passed on to the resident. (Please see the admission packet on room and board, personal items and other charges that might be considered patient responsibility.)

Q. What if the resident has a Long-term Care policy?

A. It is important to share this information during the admission process. While most Long-term Care policies pay directly to the resident, some will pay directly to the nursing home. As a courtesy, the billing office can send an invoice to the Long-term Care policy carrier on a monthly basis (for the previous month's care). The resident is responsible for the balance that the Long-term Care insurance does not pay. He/she also will be responsible for the tax assessment on the full month's balance.



Q. When should the resident/designated party/POA start the Medicaid application process?

A. When the resident's available income diminishes to the point where he/she has approximately three months of private payments remaining, the local county Department of Social Services should be contacted. The resident/designated party/POA will receive a packet of all the information required to file. Since this process can take at least three months to complete (depending upon the county) and can be complex, The Eddy will gladly provide assistance with the application completion/submission, upon request, at no charge.

Q. What is the resident's responsibility to the nursing home, once the Medicaid application process has begun?

A. The resident/designated party/POA should notify the nursing home's social work department or the billing office that the process has started. It is important to keep the billing office apprised of any updates throughout the application process. Residents are responsible for monthly payment to the billing office, as monthly billing statements will continue to be sent. If funds exhaust during the Medicaid application process, any monthly income the resident receives should be sent to the billing department. Once Medicaid is approved, this income will continue to be paid, since the resident's available monthly income will be considered the resident's NAMI.

Q. What is NAMI?

A. NAMI is the Nominal Allowance of Monthly Income determined by the resident's local county Department of Social Services. As noted above, the resident's monthly income will be required to be paid directly to the nursing home, with a specified amount deducted to be used for the resident's personal use. These deductions can include, but are not limited to, \$50 for the resident's Personal Income Allowance account, health insurance premiums, a spouse in the community or exempt medical expenses.

Q. Can the resident's income come directly to the nursing home?

A. Yes. The resident's Social Security check is a good example. It is easy to have the monthly Social Security check sent directly to the nursing home by establishing the nursing home as "representative payee." This allows the check to be made out to the nursing home "for the administration of the (resident)." Some pension plans also will allow the nursing home to become "representative payee."

Q. How does the resident/designated party/POA make the nursing home the "representative payee" for the resident's income?

A. The nursing home social work department will help you complete the necessary paperwork for Social Security. As for any pensions, the resident/designated party/POA would need to contact them individually to see if they can name the nursing home as "representative payee."

Q. Can monthly income checks be sent electronically to the nursing home?

A. At this time, we cannot have electronic payments sent to our bank accounts on behalf of the resident.

Q. What if the resident is on a Leave of Absence from the nursing home for medical or personal reasons? Is he/she still financially responsible for his room?

A. Upon admission, a bed hold waiver will be signed which says that the resident/designated party/POA agrees to have the nursing home hold the room during any absence. Signing this agreement gives the nursing home permission to bill the resident privately, along with the NYS tax assessment, for every day the resident is absent. If this bed hold agreement is not signed, the patient will be discharged and the room will not be held. Once Medicaid eligible, however, the resident will not be responsible for any charges during an absence; Medicaid will be billed for those charges.

Q. Who do I contact if I have billing questions?

A. Questions can be directed to the billing office:
Eddy Heritage House Nursing and Rehabilitation Center.....(518) 471-3668
Eddy Village Green at Cohoes (518) 471-3672 or 471-3671
Eddy Village Green at Beverwyck(518) 471-3668
Eddy Memorial Geriatric Center.....(518) 471-3671