

**TITLE:** Financial Assistance Policy**REVIEWED DATE(S):** 09/2016, 4/17, 10/17, -----, -----, 11/18, 4/19**REVISION DATE(S):** 09/2016, 4/17, 10/17, 1/18, 4/18, 11/18, 4/19**FUNCTION:** Leadership (LD)**SCOPE:** Patient Accounts**DEVELOPED BY:** Patient Accounts/Finance**APPROVED BY:** Board of Trustees 06/2016 Allison Casassa, VP**REVIEWED BY:****CROSS REFERENCES:**

**POLICIES/SCOPE OF SERVICE:** LD).327 – Debt Collection Policy  
 (RI).032 – EMTALA – Collection of Financial Information  
 (RI).008 - Effective Communication for Patients / Families with Language Barriers

**STANDARD OPERATING PROCEDURES:****WORK INSTRUCTIONS:**

- FORMS:**
- 1639 - Financial Assistance Application
  - 1639-ES - Financial Assistance Application (Spanish)
  - 1641 - Plain Language Summary of Financial Assistance Policy (FAP)
  - 1641-ES- Plain Language Summary of Financial Assistance Policy (FAP) (Spanish)
  - 1668 - Financial Assistance Program (Signage)
  - Stock #40922 - Financial Assistance Card - Patient Accounts

**CHANGE CONTROL:**

Effective Date	A=Add D=Delete C=Change	Description of changes	Responsible Person <i>(e.g. S.Smith)</i>
04/2018	C	• Updated financial assistance guidelines	T.Kirby
11/2018	C	• Updated Attachment C	A.Casassa
04/2019	C	• Updated financial assistance guidelines	T. Kirby
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TITLE: Financial Assistance Policy

**PURPOSE:**

It is the policy of Exeter Hospital to provide financial assistance to those patients who receive emergency medical care and other medically necessary care and meet the eligibility requirements of its Financial Assistance Program as set forth in this policy. Exeter Hospital's Financial Assistance Program was developed to comply with the Internal Revenue Code Section 501(r) as required under section 9007(a) of the Federal Patient Protection and Affordable Care Act. Exeter Hospital maintains a separate Debt Collection Policy.

This policy only covers services provided and billed by Exeter Hospital. This means Exeter Hospital's Financial Assistance Program does not apply to charges incurred by or bills patients receive from private physicians or physician practices for professional services provided in the Hospital. For a detailed listing of physician services not covered by Exeter Hospital's Financial Assistance Program, ("FAP") see Attachment C.

**DEFINITIONS:**

**Amounts Generally Billed (AGB):** The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with 26 C.F.R. § 1.501(r)-5(b). See Attachment B.

**Assets:** Property and items of value including but not limited to bank accounts, money market or other investment accounts, retirement accounts (e.g., 401K, 403B, IRA, pension), inheritances, mutual funds, life insurance, trust fund distributions, stocks, bonds, land, and property other than a primary residence; however, the following items will be excluded from consideration in determining a patient's eligibility for financial assistance:

- Family of 1: assets up to \$7,500.00 in total or Family of 2 or more: assets up to \$15,000.00 in total;
- One motor vehicle per person or a maximum of two vehicles per Family; and,
- Primary residence.

**Days:** All references to days shall mean calendar days, unless otherwise specified.

**Emergency Medical Care:** Care provided by a hospital for emergency medical conditions.

**Emergency Medical Conditions:** Emergency medical conditions as defined in section 1867 of the Social Security Act (42 U.S.C § 1395dd).

**Family:** is defined by the U.S. Census Bureau as a group of two or more people who reside together and who are related by birth, marriage or adoption.

- The state law regarding marriage or civil union and the federal guidelines are used to determine who is included in a family.
- In the case of applicants who earn income by caring for disabled adults in their homes, the disabled adults will be counted as a family member and their income included in determination
- The Internal Revenue Service rules that define who may be claimed as a dependent for tax purposes, are used as a guideline to validate family size in granting financial assistance

**Federal Poverty Guidelines:** Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

**Gross Charges:** The established price for medical care before applying any discounts, contractual allowances, or deductions.

**Hospital:** Exeter Hospital.

**Income:** Total income before taxes derived from such things as wages and salaries, welfare payments, social security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

**Insured:** Patients who have any governmental or private health insurance.

**Medically Necessary:** Healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. Treatment for infertility and surrogacy, cosmetic procedures, and services not covered by insurance (due to the lack of authorization, for example) or considered experimental are all deemed not medically necessary.

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**Service Area:** The geographic location where a patient must reside to be eligible to apply for financial assistance. See Attachment A.

**Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability for healthcare items and services provided to the patient.

**Underinsured:** Patients who have limited healthcare coverage or coverage that leaves the patient with an out of pocket liability that exceed his or her financial abilities.

## POLICY STATEMENTS:

### A. Notice and Availability of Financial Assistance

1. Exeter Hospital's Financial Assistance Program ("FAP") is available to all patients who receive emergency medical care or other medically necessary care at Exeter Hospital and meet the FAP's eligibility requirements, as set forth by this policy. For financial assistance income and asset criteria and service area, see Attachment A. All sources of payment must be applied to a patient's account prior to becoming eligible for financial assistance. In addition, Exeter Hospital reserves the right to reverse financial assistance decisions and financial assistance adjustments if undisclosed income or assets are discovered after a patient's application for financial assistance is submitted and processed.
2. The Hospital's FAP shall be widely publicized in both English and Spanish by:
  - a. Making this policy, the FAP application form, and a plain language summary of the FAP available on the Hospital's website;
  - b. Setting up conspicuous public displays within the Hospital, including the Emergency Department and Registration areas, and all satellite locations of the Hospital, that notify and inform patients about the FAP, and making paper copies of this policy, the FAP application form, and a plain language summary of the FAP available upon request and without charge, both at the Hospital and by mail ;
  - c. Notifying and informing members of the community served by the Hospital about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the Hospital (e.g. publishing in local newspapers at least annually and distributing this information to community partners to display this information);
  - d. Offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process;
  - e. Including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance through the Hospital's FAP and includes (i) the telephone number of Patient Accounts (603-580-6627), where financial counselors can be reached during regular business hours to provide information about the FAP and assist with the application process and (ii) the Web site address where copies of this policy, the FAP application form, and a plain language summary of the FAP may be obtained;
3. All uninsured patients, who do not qualify for financial assistance under this policy, will receive an uninsured discount in the amount specified in Attachment B.
4. Uninsured patients approved for financial assistance will be responsible for a copayment, payable at the time of service. See Attachment B.
5. Any patients unable to pay their balance, whose accounts have not been sent to a collection agency, are offered interest free payment plans of up to 60 months, starting at a minimum of \$25.00 per month.
6. The Hospital maintains a separate Debt Collection Policy.
7. The Hospital's Patient Accounts Department in conjunction with the Compliance Department is responsible for conducting an annual review to determine whether reasonable efforts have been made to determine FAP eligibility.

### B. FAP Eligibility Criteria

#### Patients may be eligible for financial assistance after meeting the following criteria:

1. The patient must be a citizen of the United States or have a valid green card, and must have his or her primary residence within the Hospital's service area.
2. Annual Family Income plus Assets will be combined. The resulting total will be compared against the financial assistance guidelines based on Family size. See Attachment A.
3. A patient must apply for coverage through the Health Insurance Exchange and/or the New Hampshire Health Medicaid Expansion Program during open enrollment and provide proof of coverage or exemption/denial. If covered by insurance, a patient can not voluntarily cancel insurance coverage, which includes failure to pay his or her premiums.
4. If a patient is covered by insurance and chooses to receive services out of network that are not medically necessary, any denied balance or out of pocket expense will not be eligible for financial assistance

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**C. FAP Required Documentation**

**The patient/applicant must provide documentation establishing eligibility for financial assistance, including (without limitation):**

- a. Fully completed application with signatures.
- b. Completed and signed copy of most recent year's Federal Income Tax Return, including all schedules and W-2 forms. If not required to file a tax return, a copy of your SSA-1099 Social Security Benefit Statement or a verification letter of non-filing from the IRS ([www.irs.gov/transcript](http://www.irs.gov/transcript))
- c. Copies of three months of bank and other financial account statements (e.g. savings, checking, money market, IRA, 401K, 403B, and pension), including all pages for all accounts.
- d. For applicants who state they are not working or receiving any income, a signed and notarized No Income/Support verification form will need to be completed.
- e. Copies of government assistance notices (including Department of Health & Human Services).
- f. Proof of Healthcare Exchange or Medicaid Expansion exclusion/denial.

Financial Assistance applications are to be submitted to the following office:

Exeter Hospital – Patient Accounts  
7 Holland Way – 2<sup>nd</sup> Floor  
Exeter, NH 03833

**D. Application Process**

1. The patient must apply and supply all required documentation needed to establish eligibility for financial assistance no later than 240 days after the date of their first post-discharge billing statement. An unpaid account will not be submitted to a collection agency prior to 120 days from the date of first post-discharge billing statement. If after 120 days and on or before 240 days after the date of the first post-discharge billing statement, the patient applies for financial assistance, the account will be placed on hold pending determination of eligibility for financial assistance.
2. Patients can apply for financial assistance prior to services or after receipt of a bill. Patients can also apply after a bill has been sent to a collection agency, so long as the FAP application is submitted within 240 days of the date of the first post-discharge billing statement.
3. Failure to disclose income or asset information may result in the patient's application being denied. This may include but will not be restricted to, third party settlements, Workers' Compensation settlements, certificates of deposit, stocks and bonds, property sold, land sold, and bank and other financial information.
4. Exeter Hospital reserves the right to request additional information regarding the patient's credit evaluation, income tax return, banking information and to have the patient verify their expenses versus their income, if necessary.
5. Exeter Hospital reserves the right to run a credit report.
6. Any accounts that have been submitted to a collection agency and are beyond the 240 day filing period from date of first post-discharge billing statement will not be considered for financial assistance.
7. Any attempt to fraudulently obtain financial assistance shall result in the automatic denial of a patient's application and the patient will not be eligible to reapply for assistance at any time.
8. The patient is to be notified of approval, denial, or pending status within 30 days.
9. Financial assistance will be valid for six months from the date of approval or, for those on a fixed income (e.g., Social Security), it will be valid for one year from the date of approval. Patients need to reapply for financial assistance to have it extended beyond these time periods.
10. If the patient has been denied financial assistance, the patient cannot reapply for a period of six months, unless they have made payments toward the denied account(s) showing good faith and their financial situation has changed.
11. If an uninsured patient has previously qualified for financial assistance and has not made any required copayments, they may not reapply for financial assistance.

**E. Appeals and Dispute Resolution**

All patients have the right to appeal any decisions made regarding their financial assistance. Appeals must be submitted in writing to the below address within 30 days of receipt of the denial and must include the basis of the appeal. Appeals will be reviewed and responded to within 30 days of receipt of the request.

Patient Accounts  
Attn: Patient Accounts Manager  
7 Holland Way, 2<sup>nd</sup> Floor  
Exeter, NH 03833

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**F. Basis for Calculating Financial Assistance**

A patient may be eligible for financial assistance if his/her Family's combined income and Assets do not exceed the financial assistance guidelines set forth in Attachment A and has his or her primary residence within our service area.

The uninsured discount cannot be combined with financial assistance. If an uninsured patient qualifies for financial assistance, the uninsured discount will be reversed and financial assistance will be calculated based on the gross charge.

For underinsured patients, financial assistance would be applied against any patient responsibility such as a copay, coinsurance, or deductible.

No FAP eligible individual will be charged more for emergency medical care or other medically necessary care than the AGB. See Attachment B.

**REFERENCES:**

1. Patient Protection & Affordable Care Act, Internal Revenue Code Section 9007(a) Pub. L No. 111-148
2. Internal Revenue Code Section 501 (r)
3. Federal Poverty Guidelines

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## ATTACHMENT A (a.k.a. Form #1641)

**Plain Language Summary of Financial Assistance Policy (FAP)****Overview**

If you do not have insurance, or your health insurance did not cover all of your bill, you may qualify for financial assistance if you live in our service area. A paper application along with supporting documentation is required. If you have insurance, financial assistance does not apply to non-covered services or out of pocket expenses. If you do not have insurance, you must first apply for insurance through state or other programs.

Financial assistance is for your hospital bill. It does not cover any physician services. Financial assistance must be for emergency or medically necessary care. If you qualify, you will not pay more than amounts generally billed to individuals who have insurance.

**Financial Assistance from Exeter Hospital**

You may be able to get financial assistance if:

- You do not have insurance;
- You do not have enough insurance; or
- It will be hard for you to pay the full amount of your bill for our services.

Some care is not covered under the FAP, such as, but not limited to:

- Cosmetic procedures;
- Infertility and surrogacy services;
- Services denied by your insurance company (because, for example, you did not receive the required prior authorization); and,
- Services deemed by your insurance company to be experimental.

**To Get Assistance under our FAP**

- If you do not have insurance, live in one of the towns listed below and your combined income and assets are less than the amount noted below, you may be able to get free care with a copayment.
- If you have insurance, live in one of the towns listed below and your combined income and assets are less than the amount noted below, you may be able to get free care, after insurance has paid its share.

**Exeter Hospital's Financial Assistance Guidelines**

FAMILY SIZE	Combined Income and Assets less than
1	\$39,968
2	\$54,112
3	\$68,256
4	\$82,400
5	\$96,544
6	\$110,688
7	\$124,832
8	\$138,976

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## ATTACHMENT A (Cont.) (a.k.a. Form #1641)

**Exeter Hospital's Service Area** – To get assistance, you must live in one of these towns:

Atkinson	Barrington	Brentwood	Candia	Chester
Danville	Deerfield	Durham	East Hampstead	East Kingston
Epping	Exeter	Fremont	Greenland	Hampstead
Hampton	Hampton Falls	Kensington	Kingston	Lee
Madbury	New Castle	Newfields	Newmarket	Newton
Newton Junction	Northwood	North Hampton	Nottingham	Plaistow
Portsmouth	Raymond	Rye	Rye Beach	Sandown
Seabrook	Somersworth	South Hampton	Stratham	West Nottingham

**Where to Get an Application**

- At any registration desk at Exeter Hospital
- At Exeter Hospital's Patient Accounts Office located at 7 Holland Way, 2<sup>nd</sup> Floor, in Exeter, NH
- Ask for one to be mailed to you by calling Patient Accounts Office at 603-580-6627
- Download an application at <http://www.exeterhospital.com/patients-and-visitors/financial-assistance/>

**How to Apply**

You can apply for help before receiving services or up to 240 days after you received your first statement. You must submit a complete FAP Application, along with required documents, to the Patient Accounts office located at:

Exeter Hospital - Patient Accounts  
7 Holland Way  
Exeter, NH 03833

**To Get a Translation**

You can get copies of this summary, the full policy and the application itself in both English and Spanish. You can get other languages through our Language Line. Please call Patient Accounts at **603-580-6627** for more information or to obtain copies.

**TITLE:** Financial Assistance Policy**ATTACHMENT B****Uninsured Care Discount for Self Pay Patients**

Exeter Hospital extends a 58% discount off gross charges to self-pay patients who are uninsured. This discount is not valid for patients who have health insurance coverage, including but not limited to: Medicare, Medicaid, or any other state or federal programs. Self-pay means a patient who does not have any form of insurance, including, but not limited to, health insurance, MedPay coverage, or any other liability coverage. This discount cannot be combined with financial assistance. If an uninsured patient qualifies for financial assistance, this discount will be reversed and financial assistance will be calculated based off gross charges.

**Uninsured Financial Assistance Copayment Amounts**

- Emergency Department/Surgical      \$30.00
- Inpatient/Observation                      \$50.00
- Outpatient Testing                          \$10.00
- Recurring (such as                          \$15.00 per 30 day period  
Oncology/Radiation,  
Rehab, Sleep, Wound)

Failure to pay copayment amounts will disqualify future applications for financial assistance.

**Amounts Generally Billed**

Exeter Hospital uses the look-back method to determine the amounts generally billed to individuals. The AGB is computed annually by dividing the sum of the amounts of all claims allowed for emergency medical care and other medically necessary care that have been allowed by Medicare fee for service and private insurers over the past 12 month period, divided by the sum of the associated gross charges for those claims. Amounts Generally Billed = 42% of gross charges.

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## ATTACHMENT C

The following is a list of professional or physician services that are not covered under the Exeter Hospital FAP

- Ambulance Services (Town may vary)
- Anesthesiologists (Core Anesthesiology)
- Emergency Department Physicians (US Acute Care Solutions)
- Hospitalists (Core Physicians, LLC)
- Pathologists (Medical Billing & Management Services after 4/1/19)
- Physicians (Billing will vary by Provider)
  - Access Sports Medicine and Orthopaedics, P.A.
  - Allergy Associates of New Hampshire, P.A.
  - Appledore Infectious Disease
  - Atlantic Digestive Specialists
  - Brigham and Women's Hospital
  - Coastal Cardiothoracic Associates
  - Coastal New Hampshire Neurosurgeons, P.A.
  - Core Physicians, LLC
  - Dartmouth-Hitchcock Medical Center and Clinic – Manchester
  - Dover Pediatric Dentistry and Orthodontics
  - Dover Women's Health, P.A.
  - Eyesight Ophthalmic Services
  - Lamprey Health Care, Inc.
  - Mark R. Harrison, DDS
  - MGH Tele Neurology Program
  - New England Heart Institute
  - New England Neck & Spine Institute
  - Northeast Dermatology Associates, P.A.
  - Partners for Women's Health P.A.
  - Portsmouth Hospital Wound Center
  - Portsmouth Radiological, P.A.
  - Rochester Infectious Disease
  - Seacoast Kidney and Hypertension Specialists, PLLC
  - Seacoast Mental Health Center, Inc.
  - Sentient Medical
  - SpecialtyCare
  - Summit Infectious Disease @ Wentworth Douglas Hospital
  - Virtual Radiologic Professionals, LLC
- Physicians and Mid-Level Providers within the Center for Cancer Care (Massachusetts General Hospital Physicians Organization)
- Radiologists (Advanced Diagnostic Imaging, PLLC)

There are no providers that are covered under the Exeter Hospital FAP.