NCH north country healthcare | Weeks Medical Center

WEEKS FINANCIAL ASSISTANCE POLICY

Purpose:

To establish specific guidelines for the identification and determination of eligibility for financial assistance through Weeks Health Access (WHA) to patients who require emergency and other medically necessary care at Weeks Medical Center (or the "Facility"). This Policy is intended to comply with the requirements of applicable state and federal law, including without limitation, the requirements of N.H. RSA 151:12-b and Internal Revenue Code section 501(r), as amended and the regulations thereunder.

Scope:

This Policy applies to all emergency and medically necessary services provided and billed by Weeks Medical Center or any provider employed by Weeks Medical Center.

Emergency Care:

Weeks Medical Center will provide, without discrimination, and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA), emergency care to individuals regardless of whether they are eligible for Financial Assistance, as set forth in greater detail in Weeks Medical Center's EMTALA Policy. A free copy of the EMTALA Policy is available upon request by calling the Business Office at 603-788-5350.

Weeks Medical Center will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

Patients without Insurance will not be charged more than the amounts generally billed (AGB) to those patients with Insurance. This shall be done through a discount process. The Self Pay discount will be calculated annually, using the "look back method" per IRS guidelines and implemented within five months after the closing of the fiscal year. Please reference the Discount policy for further information.

Procedure:

I. <u>Identifying Patients Potentially Eligible for Financial Assistance</u>
   A. Any patient with limited or no insurance coverage will be considered potentially eligible for assistance with their accounts through Weeks Health Access.

   B. Upon admission, the Case Management Department will provide each inpatient with a letter detailing their payment options, provide a Plain Language Summary of the Financial Assistance Policy, and provide them with contact information for questions or assistance. A notation will be made in Paragon Patient Management that the letter has been issued.

   C. A hospital representative will be available to assist the patient with Weeks Health Access, Medicaid or an Insurance Exchange application. (See section II, below.)

   D. Outpatients can be referred to the program by the PCP, Case Management, or other departments when it is determined that the patient may need assistance with their accounts. Letters are also mailed to all patients with self-pay balances more than 30 days old notifying them of the availability of financial assistance.

   E. Information regarding financial assistance from Weeks Medical Center shall be made available to the public and to Weeks Medical Center patients as follows:
      1. This Policy, a Plain Language Summary of this Policy, and an application shall be posted on the Weeks Medical Center web site and Weeks Medical Center, shall provide to individuals, upon request,

information on how to access the above documents online. Paper copies of such documents shall be provided via mail, without charge, upon request, and shall be available in public locations at Weeks Medical Center, including but not limited to, the Emergency Department and admissions area;

2. Weeks Medical Center shall notify and inform patients about this Policy by:

   a. Offering paper copies of the Plain Language Summary to patients as part of the intake or discharge process;
   b. Include a conspicuous written notice on billing statements regarding this Policy including contact information and the direct website address where copies of the applicable policies and forms may be obtained;
   c. Setting up conspicuous, informational public displays in public locations in the hospital facility, including the emergency department and admissions area.

3. Weeks Medical Center shall notify members of the community served by the hospital facility about this Policy in a manner reasonably calculated to reach those who are most likely to require financial assistance from the hospital facility.

II. <u>Medicaid, Medicare, Insurance Exchange and Employer sponsored insurance</u>

A. Financial assistance does not apply to amounts that are covered by insurance or other funding sources. Patients are expected to obtain and maintain health insurance coverage if affordable coverage is available to them. All patients requesting financial assistance will be screened for potential Medicaid and Medicare eligibility, Insurance Exchange or Employer sponsored Insurance coverage as follows:

1. Although Weeks Medical Center will treat patients regardless of their ability to pay, patients who appear eligible are instructed that they must rule-out eligibility and comply with all insurance and/or Medicaid requirements before they can be considered for Weeks Health Access. Self-pay patients automatically receive a 44% discount on all charges. If a patient refuses to apply for available coverage or make payment arrangements and office balances remain unpaid after 90 days, the patient will be discharged from the primary care practices and referred to a local FQHC to obtain primary care services. Patients can be reinstated if payment arrangements are made or they obtain available insurance coverage.

   Weeks Medical Center treats all patients regardless of ability to pay. Patients who appear eligible are advised to apply for Medicaid or other insurance coverage. Self-Pay patients receive a 44% discount on all charges.

   Exception: Patients eligible for the exchange insurance or an employer sponsored insurance, who cannot enroll until the next open enrollment period may be granted Weeks Health Access until the next available open enrollment period.

2. Patients who appear eligible for the In & Out Medicaid Program are eligible for participation in Weeks Health Access, but only for limited outpatient/office up to the amount of their projected spend-down.

3. Assistance in completing the applications will be available from Weeks Medical Center Staff.

4. If a patient refuses to pay, make payment arrangement for office balances, or fails to apply for affordable, available insurance coverage, they will be discharged after 90 days.

B. Patients will not be eligible for Financial Assistance if the patient provides false information or documentation in applications for insurance or other funding sources.

C. Financial Assistance will not apply if the patient receives a third-party liability settlement associated with the care rendered as such patient is expected to use the settlement amount to satisfy his or her patient account balance.

III. <u>Eligibility for the Weeks Health Access Program</u>

A. The household annual income does not exceed 300% of the Federal Poverty Guidelines based upon family size. (*See Calculation of Annual Income/Assets, below.*)

B. The patient provides all required documentation.

C. The patient lives within our catchment area which includes all of NH and VT and Oxford County in Maine.

1. Patients that live in our catchment area and have Medicaid or coverage through the NH Health Protection Program will automatically qualify for Weeks Health Access for bills not covered by that insurance.
2. Patients with a verified Out of State Medicaid eligibility through a State that Weeks Medical Center is not enrolled to bill for will be considered eligible for Weeks Health Access for emergency services.

IV. <u>Calculation of Annual Income</u>

A. Special circumstances in determining household income

1. Seasonal employment: Annual income should be determined by adding the total income for the past 12 months.

2. Unemployment: If an individual has been unemployed for less than 3 months, the eligibility determination should be made according to the previous year's income tax return. If an individual has been unemployed for 3 months or more, one of the following documents should be provided-copy of unemployment check, separation letter from employer, medical documentation of inability to work, or proof of recent incarceration-and eligibility should be based upon the individual's current financial circumstances.

3. New job: Income should be projected out of 12 months based upon the new income.

4. Newly self-employed: In cases where an individual is newly self-employed and does not have a Schedule C from the previous year, a detailed income statement from an accountant should be provided, or a detailed gross income and business expense report. If the applicant is unable to provide either of these, portability should be refused until the first Schedule C can be filed and reviewed. Exception: Weeks Health Access will not add back in Schedule C expenses when calculating for self-employed.

5. Outstanding self-pay medical bills will be subtracted from a patients' income total to ensure medical bills are not causing hardships.

B. The following will be routinely included in the calculation of annual income to determine eligibility for charity care assistance:

Gross annual wages for the patient/spouse (significant other if shared minor children are living in same household) and other dependents (claimed on the most recent tax return) living in the household will be considered in the calculation. (Note: Part-time income earned by dependent children is not generally considered when making a determination).

V. <u>Type of Assistance Offered.</u>

Weeks Health Access is a 100% charity program. Patients approved for Financial Assistance receive 100% coverage for emergency and other medically necessary services. Financial assistance adjustments are taken after insurance claim adjudication, if applicable.

Financial assistance is not available for elective procedures (including, but not limited to, cosmetic procedures, tubal ligation**,** vasectomy, birth control, IUD, acupuncture, sclerosing, orthotics and some orthopedic procedures), or other non-medically necessary care as determined by the provider. Recommended non-surgical alternatives must have been completed before the surgical option will be considered medically necessary.

For non-covered services, patients who are otherwise eligible for financial assistance under this Policy will not be charged more than the amounts generally billed to patients who have insurance. (*See Discount Policy)*

VI. Financial Assistance Application

A. Any patient applying for assistance must complete a Weeks Health Access Application (*see form*) with all necessary information.

B. The following additional information must accompany the completed application (if applicable):

1. The patient must provide a complete copy of their most recent tax return or sign an IRS form 4506T. (Patients who do not file a tax return must still sign the form 4506T.)
2. A copy of W-2 forms and 1099 for last year.
3. Copies of three (3) most recent pay stubs, or a statement from your employer. At the committee's discretion, a minimum of 2-pay stubs within the last 30 days if all other documentation is complete will be accepted.
4. Copies of three (3) most recent bank statements (savings, checking, money market, IRA, 401K, etc.) At the committee's discretion, a minimum of 2 statements within the last 30 days if all other documentation is complete will be accepted.
5. Copies of unemployment or disability compensation benefits.
6. Copies of pension benefits
7. Copy of current Social Security benefit statement.
8. Copy of food stamp allocation
9. Copy of government assistance notices (including Medicaid)

C. Patients can apply for financial assistance before, during or after receiving emergency or medically necessary care, up to 240 days after the first post-discharge statement.

D. Patients may also contact our Financial Counselor for assistance in filling out the application: by phone at 603-788-5354 or in person at the Business Office located at 8 Clover Lane, Whitefield, NH 03598.

VII. Determination of Eligibility

A. Applications for Weeks/NH Health Access are generally reviewed within 30 days of receipt of all necessary information.

B. All patients receive written notice once a determination of eligibility has been made.

C. Patients found to be eligible for Weeks Health Access receive assistance on all self-pay balances due Weeks Medical Center in all current accounts receivable as well as Bad Debt accounts with dates of service within the last 9 months.

Exceptions:

1. Coverage of an Emergency Room bill may be granted if the patient meets the income guidelines, but does not fall within our catchment or provider guidelines listed in Section III-C.

D. A Weeks Health Access determination will be good for one year if the patient is on a fixed income (social security, disability etc) otherwise patients will be approved for 6 months. An exception to this would be if a patient was told they needed to explore coverage through the insurance exchange or employment offered coverage. In this instance their WHA coverage would expire on the date that coverage becomes available to be in effect.

E. The Patient Financial Counselor will maintain a file for all completed applications. This file will contain documentation used to make a determination of eligibility.

F. All accounts recommended for charity write-off will be documented on a credit adjustment form by the Financial Counselor and approved by the Patient Account Manager.

G. Denial of Request for Financial Assistance:
Patients who are not eligible for financial assistance are notified in writing and given the reason for denial. The letter also informs them of where to call to make payment arrangements and that they can appeal the decision.

H. Program Approval: Letters of approval will be sent by the Patient Financial Counselor once the patient/family is approved for Weeks. The Patient Financial Counselor will load Weeks Health Access as an Insurance Plan Code in the Patient Management system with the appropriate expiration date.

I. One time approval: Patients may be granted a one-time approval, if there are extenuating circumstances, based on the discretion of the Hospital. If granted, the Patient Financial Counselor will send a notification letter.

Eligible Providers

This Policy applies to all emergency and medically necessary care that Weeks Medical Center provides in both the Hospital and Physician Practices. All charges for Providers employed by Weeks Medical Center will be covered by this policy.

A listing is maintained in a "Provider Appendix", which is updated quarterly, and is not attached to this Policy. Those physicians and providers who may provide emergency and medically necessary care at Weeks Medical Center but who are not covered by this Policy are also listed in the Provider Appendix.

Individuals may readily obtain a copy of the Provider Appendix free of charge on the Weeks Medical Center website or by contacting the Business Office at 788-5350 to obtain a paper copy.

Billing and Collections Policy

Weeks Medical Center has a separate Billing and Collections Policy. The Billing and Collections Policy sets forth the actions Weeks Medical Center may take if a bill for medical care is not paid. A free copy of the Billing and Collections Policy is available in the same manner as paper copies of this Policy and also posted on the Weeks Medical Center website at www.weeksmedical.org.

Title: Financial Assistance Policy
Owner: Patient Accts Dept. Approved by: Chief Executive Officer, Senior Staff 10/4/07 & 4/15/2010, 1/20/11, 2/2/2012, 8/16/12, 12/5/13; 10/31/14 2/5/15,4/2016, 8/2016, 3/2017, 9/11/18; Finance Committee 9/25/07& 3/23/2010,11/26/13, 5/27/14, 2/24/15, 8/23/16 3/28/17, 9/25/18; CQI Committee (12/20/06) 5/24/2010, 2/27/2012, 9/24/12, 3/24/14; 11/24/14, 2/23/15, 4/25/16, 4/24/17; 9/24/18; Board of Trustees 2/24/15, 8/23/16, 3/28/17, 9/25/18, Accrediting/Lic Body: Standard/Rule # Effective Date: 07/1996 Reviewed: Revised: : 06/01/02, 9/01/03 4/1/04, 7/04, 4/05, 9/06, 9/07,10/07,3/08, 8/08, 7/09, 4/10,11/10, 1/12, 8/12,11/13, 3/14 10/14, 1/15,10/15, 3/16, 8/16, 3/17,9/18,8/20