

## WEEKS/NH HEALTH ACCESS GUIDELINES

### **Purpose:**

To establish specific guidelines for identification and determination of eligibility for charity care services and pharmaceutical assistance through the Weeks Health Access/NH Health Access Program.

### I. Procedure: Identifying Potential Charity Care Patients

- A. Any patient with limited or no insurance coverage will be considered potentially eligible for assistance with their accounts and/or medications through the Weeks/NH Health Access Program.
- B. As soon as possible after admission, the Case Management Department will provide each inpatient with a letter detailing their payment options and providing 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
- 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/ prescription medications. Letters are also mailed to all patients with self-pay balances more than 30 days old notifying them of the availability of financial assistance.

### II. Eligibility for the Weeks Health Access Program

- A. The household annual income (including defined assets) does not exceed 300% of the Federal Poverty Guidelines based upon family size.
- B. The patient provides all required documentation of income and assets.
- C. The patient meets at least one of the following criteria:
  - 1. The patient resides in a community considered part of the Weeks Medical Center Primary catchment area. (Lancaster, Whitefield, Dalton, Jefferson, Groveton, Stark, Stratford, Twin Mountain, Carroll, Randolph, and Northumberland, NH; Gilman, Lunenburg, Bloomfield, Guildhall, Granby, and Maidstone, Vermont.)
  - 2. The patient resides in a community considered part of the Weeks Medical Center Secondary catchment area: (Bethlehem, Dummer, Odell, West Milan, Brunswick VT, Victory VT, and Concord VT.)
  - 3. For Podiatry services additional towns will be considered for WHA: Atkinson-Gilmanton Academy Grant, Clarksville, Colebrook, Columbia, Dixs Grant, Dixville, Errol, Ervings Location, Kilkenny, Millsfield, Pittsburg, Second College Grant, Stewartstown, Wentworth Location, West Milan, Lisbon, Lyman, Littleton, Sugar Hill, Franconia, and Waterford, VT.
  - 4. Prior to January 1, 2014, The patient was routinely cared for by a primary care physician who is employed by Weeks Medical Center

5. Patients that do not live within our catchment area and were not routinely cared for by one of our primary care physicians before January 1, 2014 will be screened for Hospital services only under the NH Health Access Program.
6. Patients that live in Vermont that are not within our catchment area, but are referred to our facility by one of our specialty providers, will be considered under our Weeks Program but using the NHHAN fee scale. Note: These patients will also be required to apply for Medicaid, Medicare, the insurance exchange or employer Sponsored insurance, if eligible, before being considered.
7. We use the same eligibility criteria as the New Hampshire Health Access Program, unless otherwise noted.

III. Eligibility for the New Hampshire Health Access Program (Note: Patients will be simultaneously screened for both NH and Weeks Health Access programs.)

- A. The patient must be a resident of the State of New Hampshire.
  - NH Residency is required, but not citizenship. Proof of Residency can be provided in several different ways:

Driver's licenses, utility bills, pay stubs, letter from landlord, etc. If the individual/family is new to the state and temporarily living within another household, and unable to provide any other proof of residency, the head of household may write a letter indicating how long the individual/family has been there and how long they intend to stay. This letter should be notarized. Individuals that are only here temporarily are not considered residents and should not be given a NHHAN Card.

- B. The family income for the household (as defined by the program) cannot exceed 200% of the federal poverty level.
- C. The patient provides all required documentation of income and assets.

IV. Financial Assistance Application

- A. Any patient applying for assistance must complete a NH/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)

V. Calculation of Annual Income

- A. Special circumstances in determining household income

1. Seasonal employment: Annual income should be determined by adding the total income of 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.

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

1. 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).
2. Income earned from rental property, interest income, retirement-social security-disability and/or worker's compensation benefits, child/spousal support payments, the net proceeds from the sale of assets, etc. will be added to gross wages.
3. Balances in retirement, savings, checking, CD's, or other accounts, as well as the retail value (less balances due on liens or mortgages) of recreational vehicles and real estate (other than the patient's primary residence) are considered when calculating annual income.

C. Exclusions:

1. Total assets of less than \$2,500 for one person, \$4,000 for 2, plus \$100 for each additional family member in items listed in 3 above.
2. The total value of your primary residence for Weeks Health Access and the first \$100,000 (\$150,000 for age 55 and over)of equity for the NH Health Access Program.

VI. Medicaid, Medicare, Insurance Exchange and Employer sponsored Insurance

- A. As part of the review process, all patients requesting financial assistance will be screened for potential Medicaid and Medicare eligibility, Insurance Exchange or Employer sponsored Insurance coverage
- B. Patients who appear eligible are instructed that they must rule-out eligibility before they can be considered for Weeks/NH Health Access. Failure to apply will result in automatic denial for both programs. Patients will be required to participate in any available coverage prior to consideration. This will include liquidation of assets or allowing a lien, if that is necessary to be eligible for Medicaid.

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

- C. 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.
  - D. Assistance in completing the applications will be available from Weeks Medical Center Staff.
- 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 with dates of service within the last 6 months. Patients with a Weeks Medical Center PCP are enrolled in the PAP program for prescription medications. (See financial assistance chart to determine percent of reduction)

Exceptions:

- 1. Patients qualifying for the PAP program may have a handling charge (See Financial Assistance chart)
- 2. A \$25.00 co-pay will be due on all Emergency room visits for patients otherwise qualifying for a 100% charity write-off.
- 3. A patient who has previously been instructed to apply for Medicaid, Medicare, coverage through the Insurance Exchange or their employer sponsored Health Plan and has not complied with that request. In those cases, only accounts after the date of their application will be considered.
- 4. Procedures that are not medically necessary are not eligible for financial assistance.

Examples, but not limited to:

Cosmetic procedures, tubal ligation, vasectomy, birth control, IUD, Cardiac Rehab, acupuncture, Sclerosing, orthotics and some orthopedic procedures.

The provider may also determine a procedure is not medically necessary.

- 5. Recommended non-surgical alternatives must have been completed before the surgical option will be covered by WHA.
- 6. If we are aware that the patient transferred property within the last 3 years, they will not be considered
- 7. Patients over asset for Weeks Health Access but otherwise qualify:
  - a. Pap Program-If a patient is over asset for Weeks Health access but they do meet the drug company guidelines, we will offer to handle their medication for a \$25 handling fee.
  - b. Patient Accounts-If a patient is over asset for Weeks Health Access, but under the income guidelines they qualify for 100% coverage, and their self pay balance is over 5% of their net asset total (total assets less the allowed exclusion of \$2,500 or \$4,000), then their balance due to Weeks Medical Center for the year will be 5% of their net asset total. Payment in full of this amount is expected at time of reduction. Patients over asset, but under the 5% balance threshold will be informed of our discount policy.
- 8. A Weeks Health Access determination will be good for one year unless coverage was granted until the next exchange or employer open enrollment period as noted in section VI-B.

- D. The Patient Financial Counselor and Pap Specialist will maintain a file for all completed applications. This file will contain documentation used to make a determination of eligibility.
- E. All accounts recommended for charity write-off will be documented on a credit adjustment form by the Financial Counselor and approved by-the Patient Acct Mgr.
- F. Denial of Request for Financial Assistance:  
  
Patients who are not eligible for charity care assistance are notified in writing and given the reason for denial (sample attached). The letter also informs them of where to call to make payment arrangements and that they can appeal the decision.
- G. Program Approval: Letters of approval and ID cards will be sent by The Patient Financial Counselor or The Pap Specialist once the patient/family is approved for Weeks and/or NH Health Access. These cards will contain the following information:
  - 1. PAP handling charge, if any
  - 2. Level of assistance available
  - 3. Expiration Date
  - 4. Whether they have insurance or not
- H. One time approval: When one time only assistance is being given, The Patient Accounting Department sends a notification letter (sample attached). No card is issued.

<b>Title: Weeks/NH Health Access Guidelines</b>	
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; Finance Committee 9/25/07& 3/23/2010,11/26/13; CQI Committee (12/20/06) 5/24/2010, 2/27/2012, 9/24/12
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