

# Elliot Health System

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## Financial Assistance, Billing and Collection Policy

	<b>Approved by:</b>	<b>Date Approved</b>
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## **Elliot Health System Financial Assistance, Billing and Collection Policy**

**POLICY:** Elliot Health System is dedicated to providing the community with quality services offered with dignity, care, and respect. It is the policy of Elliot Health System to offer medical care to all patients, including those who may have difficulty paying for services due to limited income.

Elliot Health System is committed to providing financial assistance to patients who (i) receive eligible services (as defined in this policy); (ii) are uninsured, underinsured; (iii) do not qualify for governmental assistance (for example, Medicare or Medicaid); (iv) are unable to pay for medically necessary care; and (v) otherwise meet the criteria set forth in this policy.

Financial assistance will be provided without regard to color, national origin, disability, marital status, race, religion, gender, age, ethnicity, social or immigration status, sexual orientation or insurance status. In recognition that resources must be used prudently and effectively, patients applying for financial assistance are expected to cooperate with Elliot Health System's procedures for obtaining insurance coverage, financial assistance or other forms of payment.

**PURPOSE:** The policy sets forth the procedure by which a patient may apply for financial assistance, sometimes referred to as charity care. This policy also sets forth the Elliot Health System's process and requirements to bill and collect for medical services provided to patients.

**SCOPE:** This policy applies to all subsidiaries of Elliot Health System that provide patient care. However, there are specialty physicians who provide services at the Elliot Hospital and other Elliot Health System locations and who are not employed by the Elliot Health System. Services provided by these specialty physicians are not subject to this policy and these physicians may not offer financial assistance. The names of these specialties and/or the names of their practices are listed on Attachment A, which will be updated quarterly and available at <http://elliotohospital.org/website/pay-my-bill-charitable-care-policy.php> or by calling (603) 663-7235. Questions regarding whether a particular physician is subject to this policy may be directed to an Elliot Health System Financial Advocate by calling (603) 663-7235 or by calling the specialty office directly.

### **I. DELIVERY OF HEALTH CARE SERVICES**

Elliot Health System's financial assistance, billing and collection policy complies with NH RSA 358-C, NH RSA 151:12, the Centers for Medicare and Medicaid Services Medicare Bad Debt Requirements (42 CFR § 413.89), and the Medicare Provider Reimbursement Manual (Part 1, Chapter 3). This policy also addresses Internal Revenue Code Section 501(r) as required under the Section 9007(a) of the federal Patient Protection and Affordable Care Act (Pub. L. No. 111-148) promulgated on December 31, 2014.

Financial Advocates are available to assist patients with their applications for financial assistance and explain the complexities of health care billing. A plain language summary of the financial assistance policy is also available in the Patient Financial Services office at Elliot Hospital or by calling (603) 663-7235 or on the Elliot Health System's website at <http://elliotohospital.org/website/pay-my-bill-charitable-care-policy.php>

## **II. DEFINITIONS**

For the purpose of this policy, the following terms (whether capitalized or not) are defined:

*Amounts Generally Billed:* Amounts Generally Billed refers to amounts generally billed to individuals who have insurance for emergency or other medically necessary care. A methodology established by the IRS regulations is used to determine the amounts generally billed, which is generally the average rates paid to the Elliot Health System by commercial insurers and Medicare. A description of this methodology is available on the Elliot Health System's website at <http://elliotohospital.org/website/pay-my-bill-charitable-care-policy.php>. The out-of-pocket expenses for uninsured patients who are eligible for financial assistance under this policy will not exceed the Amounts Generally Billed.

*Collection Actions:* As approved by the Board of Directors, the use of third party collection agencies as well as other legal activities identified as reasonable collection efforts in this policy may be used by the Elliot Health System when pursuing payment for medical services provided to patients.

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

*Eligibility Qualification Period:* Patients determined eligible shall be granted financial assistance for a period of six months from the date the application was approved. Financial assistance will also be applied to accounts eligible pursuant to this policy for services received up to twelve months prior to the date the application for financial assistance was approved.

*Eligible Services:* The following services provided by the Elliot Health System are eligible under this financial assistance policy.

1. Trauma and emergency medical services provided in an emergency setting.
2. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient.
3. Treatment or services provided in response to life-threatening circumstances in a non-emergency room setting.
4. Medical services and supplies that are reasonable and necessary for the diagnosis and treatment of illness or injury.

Services that are not eligible under Elliot Health System's financial assistance policy include:

1. cosmetic services or surgery,
2. dental implants,

3. retail pharmacy,
4. other non-medically necessary services.

*Emergency Medical Condition:* Pursuant to 42 U.S.C. § 1395dd, an emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in -- (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

*Extraordinary Collection Actions:* Extraordinary collection actions are actions that require a legal or judicial process, including without limitation, liens on residences, writs of body attachments, foreclosures on property, seizing a bank account, civil actions against an individual, wage garnishment, sales of debt, and arrest.

*Family:* A family includes spouses, individuals with civil unions, parents and minor children regardless of residence. If a patient is claimed as a dependent on a person's income tax return, according to the Internal Revenue Service rules, then that person's income will be considered for purposes of determining eligibility for financial assistance.

*Family Income:* Family income shall include salaries, unemployment compensation, child support, any medical support obligations, alimony, social security income, disability payments, pension or retirement income, rents, royalties, income from estates and trusts, legal judgments, dividends, equity in real property and interest earnings, and all other taxable income under the IRS regulations. The following shall be excluded from family income: irrevocable trusts for burial purposes, and federal or state administered college savings plans. For patients under 18 years of age, family income includes that of the parents and/or step-parents, unmarried or domestic partners, who may or may not live with the minor, regardless of whether the step-parent adopted the minor patient.

*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. Current guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

*Financial Assistance:* Assistance provided to patients, who meet the eligibility criteria set forth in this policy, and for whom it would be a financial hardship to fully pay the patient payment obligation for eligible services provided by Elliot Health System. Partial financial assistance results in a partial reduction in the amount owed by the patient.

*Guarantor:* An individual other than the patient who is responsible for payment of the patient's bill or debt if the patient fails or is unable to pay the bill or debt.

*Gross Charges:* Elliot Health System's fully established rates and total charges for the provision of patient care services before contractual allowances (the difference between what the health insurer allows for a service and what the provider charges for that service), other deductions from revenue, or negotiated discounts are applied.

*Medical Hardship:* Medical hardship is defined as significant out-of-pocket obligations or otherwise oppressive and difficult circumstances in a person's life that make reasonable efforts for repayment of debt a sincere life burden. These catastrophic circumstances only apply for eligible services that were provided by Elliot Health System.

*Medical Support Obligation:* The obligation of either or both parents to provide health insurance coverage for a dependent child and/or to pay a monetary sum toward the cost of health insurance, regardless of whether a commercial or public insurer, or whether the guarantor is the parent or other person.

*Medically Necessary:* For the purposes of this policy, medically necessary services are those typically defined by the Centers for Medicare & Medicaid Services as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

*Presumptive Eligibility:* Under certain circumstances, patients may be presumed or deemed eligible for financial assistance based on their enrollment in other programs or on information that is not provided directly by the patient.

*Self-Pay:* Self-pay patients are patients who do not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid. Additionally, in order to qualify as a self-pay patient, the patient's injury cannot be a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by Elliot Health System. If a patient has either a Health Savings Accounts or a Health Reimbursement Account they will not qualify for self-pay status.

*Uninsured Patient:* An individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a federal health care program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), worker's compensation, or other third party assistance to assist with meeting his/her payment obligations.

*Underinsured Patient:* An individual, with private or public insurance coverage, for whom it would be a medical hardship to fully pay out-of-pocket expenses for medical services provided by Elliot Health System. Underinsured patients may be eligible for partial financial assistance or full financial assistance due to medical hardship.

### **III. ELIGIBILITY FOR FINANCIAL ASSISTANCE**

Patients who meet the following criteria and comply with Section IV will be eligible for financial assistance:

- 1) Applicants for financial assistance must reside in the State of New Hampshire and must have exhausted all other sources of payment including insurance, public assistance, litigation, or third party liability before any financial assistance shall be granted. A patient is typically not eligible for financial assistance until he or she has applied for and is determined to be ineligible for applicable federal and state governmental assistance programs. Elliot Health System will offer assistance to patients applying for public programs. Elliot Health System may decide, at its discretion, to process a financial assistance application without a determination of ineligibility by the federal or state governmental assistance program or commercial insurer provided an appropriate rationale is documented.
- 2) Financial assistance may also be provided to non-New Hampshire residents who experience an emergency medical condition in New Hampshire and require immediate care, or if they have been approved for financial assistance by another SolutionHealth facility.
- 3) Eligibility for financial assistance will be determined based on a combination of family income and assets. The Federal Poverty Guidelines in effect at the time of the determination will be used to determine a patient's eligibility for either full or partial financial assistance.
  - a. *Full Financial Assistance:* Full financial assistance is a complete write-off of Elliot Health System charges for eligible services. Full financial assistance is available to patients, or their guarantors, with annual family income at or below 225% of Federal Poverty Guidelines (FPG). Assets greater than \$300,000 such as real estate, 401k, 403b, and savings will also be considered in determining eligibility on a case by case basis. In order to qualify for full financial assistance, all other payment options must be exhausted, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.
  - b. *Partial Financial Assistance:* Partial financial assistance is a partial write-off of Elliot Health System charges for eligible services. Partial financial assistance is available to patients, or their guarantors, with annual family income at or below 300% of Federal Poverty Guidelines (FPG). Assets greater than \$300,000 such as real estate, 401k, 403b, and savings will also be considered in determining eligibility on a case by case basis. In order to qualify for partial financial assistance, all other payment options must be exhausted, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties.

Based on the family income of patients, or their guarantors, partial financial assistance is provided according to the schedule below.

1. Annual family income is greater than 225% of FPG but less than 250% of FPG - 90% discount on any patient balance for eligible services.
2. Annual family income is equal to 250% of FPG but at or below 300% of FPG - 70% discount on any patient balance for eligible services.

Patients who meet the eligibility requirements under Elliot Health System's financial assistance policy will be issued an Elliot Health Financial Assistance card that is accepted throughout Elliot Health System. All financial assistance cards will be pre-numbered and issued to the patient by a Financial Advocate.

Elliot Health System's financial assistance program is not a substitute for personal responsibility. Patients must cooperate with the procedures to obtain assistance and are expected to contribute to the cost of their care based on the provided level of financial assistance.

*Medical Hardship:* While financial assistance is typically provided in accordance with eligibility criteria for full or partial financial assistance, Elliot Health System recognizes that there may be the need to grant additional assistance based on extenuating circumstances. Patients, or their guarantors, may be eligible for medical hardship assistance if they have incurred significant out-of-pocket obligations resulting from medical services provided by Elliot Health System. For more information on medical hardship assistance, contact

Elliot Hospital Patient Financial Services  
Attn: Financial Advocate  
One Elliot Way  
Manchester, NH 03103  
(603) 669-5300

#### **IV. APPLICATION AND NOTIFICATION**

**APPLYING FOR FINANCIAL ASSISTANCE:** Financial assistance eligibility determinations shall be based on the Elliot Health System's policy and an assessment of financial need. Patients and the community within the Elliot Health System service area will be informed of the Financial Assistance, Billing and Collection policy and the process for submitting an application by many methods and in many venues. Patients, or a patient's guarantor, have a responsibility to cooperate in applying for financial assistance by providing information and documentation on family size, income and assets.

Elliot Health System shall make reasonable efforts to explain the benefits of Medicaid and other available public and private programs to patients, or a patient's guarantor, and make available to them information on those programs that may provide coverage for services.

Elliot Health System provides Financial Advocates to assist patients, or a patient's guarantor, with applying for public programs, private programs and COBRA coverage for which they may qualify and that may assist them in obtaining and paying for healthcare services. Patients identified as potentially eligible will be required to apply for such programs in order to qualify for financial assistance. Information on the Elliot Health System financial assistance policy will be communicated to patients in easy-to-understand, culturally appropriate language, and in the most prevalent languages spoken in hospital service area communities.

**APPLICATION INFORMATION:** Applicants must complete the Elliot Health System financial assistance application form (Attachment B) available in the Patient Financial Services office at Elliot Hospital or by calling (603) 663-7235 or on Elliot Health System's website at <http://elliotohospital.org/website/pay-my-bill-charitable-care-policy.php>. Applicants must also provide the following documentation when applying for financial assistance:

- a. Proof of New Hampshire residency, except for non-residents eligible for financial assistance as described in this policy.
- b. Copy of denial letter from Medicaid (including Medicaid waiver programs). If the patient immigrated to the country within the past five years and is ineligible for Medicaid, documentation or explanation of the situation is required.
- c. Complete copy of most current tax return including all schedules, if filed; or non-filing statement if tax return not filed in most recent tax year.
- d. A copy of three (3) most recent pay stubs from each income earner. (If more than one employer within a calendar year, proof of gross income earned at each employer, with corresponding dates of employment will be required).
- e. If social security income: a copy of check or a copy of bank statement showing the most recent social security deposit.
- f. If unemployed: verification of any compensation received. Example: unemployment compensation, workers compensation.
- g. If uninsured and employed, a letter from your employer indicating whether or not insurance is offered and whether or not you are eligible for it must be provided.
- h. If no one on the application receives income: a notarized letter of support written by the person or persons who are providing financial support.
- i. Copy of the most recent bank statements (checking, savings, money market, 401k, 403b, IRA accounts) from the financial institution.
- j. Copy(s) of mortgage statements and tax values of all real property.

To be considered for financial assistance, completed applications must be received within 120 days of the first post-discharge (or outpatient encounter) billing statement from Elliot Health System.

The Elliot Health System financial assistance application form must be completed and documentation provided in order for a request to be considered. Any applications returned requiring additional information will be held for 30 days from the date the letter was mailed to the applicant requesting this information. If the information is not received within 30 days, the application will be denied.



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

**Elliot Hospital Applications:**  
Elliot Hospital Patient Financial Services  
Attn: Financial Advocate  
One Elliot Way  
Manchester, NH 03103

Requests for financial assistance shall be processed promptly and Elliot Health System shall notify the patient or applicant in writing within 14 days of receipt of a complete application. If eligibility is approved, an Elliot Health Financial Assistance card shall be issued and financial assistance granted for a period of six months from the date of approval. Financial assistance shall also be applied to all eligible accounts incurred for services received up to twelve months prior to application date.

If financial assistance is denied, then the patient or patient's guarantor may re-apply at any time there has been a material change of income or status, or six months after the date of the initial denial or the final appeal decision.

**APPEALS AND DISPUTE RESOLUTION:** Patients denied financial assistance may appeal the decision in writing. An appeal letter must be received within 30 days of the date of the denial letter.

Disputes and appeals may be filed by contacting the Charitable Care Appeal Committee:

Elliot Hospital Patient Financial Services  
Attn: Financial Advocate  
One Elliot Way  
Manchester, NH 03103

This committee will review the appeal and render a written decision to the patient within 30-days of receipt.

**NOTIFICATION OF FINANCIAL ASSISTANCE:** Elliot Health Systems Financial Assistance, Billing and Collection policy, the Financial Assistance Application form and the Plain Language Summary of the policy shall be conspicuously posted on the Elliot Health System website at <http://elliotohospital.org/website/pay-my-bill-charitable-care-policy.php> and available in the primary language of any population with limited proficiency in English that constitutes the lesser of 5 percent or 1,000 of the residents served by the Elliot Health System. The documents will be printable from the website. This information shall also be made available upon request and free of charge both in public locations in the hospital and by mail.

Notices with information regarding this policy will be inserted in all patient bills. Notices will be posted in high visibility areas and other key areas such as in the emergency room, urgent care centers, admitting and registration departments, hospital business offices, and patient financial

services offices which are located on facility campuses. Notices will also be posted at other public places as deemed appropriate by Elliot Health System. Any member of the Elliot Health System staff may make referral of patients for financial assistance.

Community residents likely to require financial assistance shall be informed and notified of the availability of financial assistance through notices (including the website address where the information is posted) or information provided to public agencies or nonprofit organizations that offer services in the community to low income populations. Information shall include an address from which to request financial assistance information and a telephone number for questions and further information.

**PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY:** Elliot Health System recognizes that not all patients are able to complete a financial assistance application or provide the required documentation. There may be instances where a patient's qualification for financial assistance is established without completing the formal financial assistance application. Elliot Health System may utilize other information to determine that a patient's account is uncollectible and classify the account as meeting eligibility criteria.

For example, presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

1. homelessness or receipt of care from a homeless clinic;
2. participating in Women, Infants and Children programs (WIC);
3. receiving SNAP (Supplemental Nutritional Assistance Program) benefits;
4. patient deceased with no known estate.

This information will enable Elliot Health System to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, Elliot Health System may utilize a third-party to review patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for Elliot Health System. The predictive model enables Elliot Health System to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.

Information from the predictive model may be used by Elliot Health System to grant presumptive eligibility in cases where there is an absence of information provided directly by the patient. After efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

The predictive technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This enables Elliot Health System to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic review will constitute adequate documentation of financial need under this policy.

When predictive modeling is the basis for presumptive eligibility, full financial assistance will be granted for eligible services for retrospective dates of service only. Patient accounts granted presumptive eligibility will be reclassified under the financial assistance policy. These accounts will not be sent to collection and will not be included in bad debt expense.

In the event a patient does not qualify under the presumptive rule set, the patient may still be considered under the traditional financial assistance application process.

## **V. BILLING AND COLLECTION POLICY**

Elliot Health System's billing and collection policies shall comply with federal and state regulations and laws governing healthcare billing and collections.

The amounts to be collected from uninsured patients for emergency or other medically necessary care shall not exceed Amounts Generally Billed (AGB) as determined by the rates paid by an average of commercial insurers and Medicare for services. An information sheet that explains how the AGB is calculated is available free of charge on the Elliot Health System website at <http://elliothospital.org/website/pay-my-bill-charitable-care-policy.php> or by calling (603) 663-7235.

No extraordinary collection actions will be pursued against any patient within 240 days of issuing the initial bill and without first making reasonable efforts to determine whether that patient is eligible for financial assistance. Reasonable efforts shall include, but not be limited to:

- (i) validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the Elliot Health System;
- (ii) instituting a prohibition on collection actions pursued against an uninsured patient (or one likely to be underinsured) until the patient has been made aware of Elliot Health System's financial assistance policy and has had the opportunity to apply for assistance;
- (iii) notifying the patient in writing of any additional information or documentation that must be submitted for a determination of financial assistance;
- (iv) confirming whether the patient submitted an application for health care coverage under Medicaid, or other publicly sponsored health care programs, and obtaining documentation of such submission. Elliot Health System will not pursue collection actions while an application for health care coverage is

- pending, but once coverage is determined, normal collection actions will commence; and/or,
- (v) sending the patient written notice of the extraordinary collection efforts that the Elliot Health System may initiate or resume if the patient does not complete the financial assistance application or pay amount due by the later of 30 days after the written notice or 30 days from the date provided to the patient to complete the application for financial assistance.

Elliot Health System may pursue normal collection actions against patients found ineligible for financial assistance, or patients who are no longer cooperating in good faith to pay the remaining balance.

No collection agency, law firm, or individual may initiate legal action against a patient for non-payment of an Elliot Health System bill without the written approval of an authorized Elliot Health System employee.

**COLLECTION INFORMATION:** Elliot Health System strives to maximize third party reimbursement at all times to reduce the financial burden of the patient. When third-party coverage fails to cover the services rendered, or no third party coverage is in effect, Elliot Health System expects payment by the patient or guarantor for services rendered, unless the patient is awarded financial assistance through the application process or is determined presumptively to be eligible.

All known patient portions are payable in full at the time services are rendered, unless the patient qualifies for public assistance (Medicare or Medicaid) or requires emergency services.

As required by NH RSA 151:12-b, prior to treating a self-pay patient, Elliot Health System will provide written notice to the patient in advance of providing service and at the time the service is billed that the hospital will accept as payment in full an amount no greater than what is generally received for that service for patients covered by health insurance. All patients will be provided emergency medical screening and stabilization and emergency treatment before acknowledgement of third-party or self-pay status and regardless of ability to pay.

Elliot Health System may delay non-emergent medical services if financial arrangements between Elliot Health System and the patient cannot be agreed upon before the service is rendered.

When the collection routine progresses and the self-pay balance remains unpaid, the collection representative will assign or recommend assignment to bad debt status in accordance with the established policy and procedure. Elliot Health System typically processes unpaid accounts to bad debt status within 180 days from the self-pay liability, but not less than 120 days from the date of the first billing statement unless the patient or guarantor cannot be contacted due to changes in address and phone number. Section IV Application and Notification, Application Information, of this policy applies to patients filing an application for financial assistance.

**PAYMENT PLANS:** Payment plans are available, upon approval, for Elliot Health System services. Payment plans are reasonable to the industry standards.

Exceptions to the payment plan policy may be granted given a patient's extenuating circumstances with the approval of an authorized Elliot Health System employee.

**BANKRUPTCY:** In the event of patient bankruptcy, once the Elliot Health System receives the Proof of Claim, collection actions will immediately cease for outstanding balances incurred for all services provided prior and up to the bankruptcy filing date.

**RECORD KEEPING:** Elliot Health System shall document all collection actions and financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

**POLICY APPROVAL:** Elliot Health System's Financial Assistance, Billing and Collection policy is subject to periodic review and may be revised at any time as business needs require. Elliot Health System Board of Directors must approve any changes to the policy.