



Owner: Marquardt, Paige	Level 2 - Enterprise Policy/Procedure
Approver(s): Antinerella, Thomas	Effective: 04/10/2019

Title: Financial Assistance - Policy

Affected:

- Employees** **Volunteers** **Practitioners** **Medical Staff**
- Residents** **Students** **Contractors**

Policy: Concord Hospital shall have a Financial Assistance program to ensure that it meets the health needs of individuals within the communities it serves regardless of their ability to pay.

1. Purpose:

To ensure that Concord Hospital meets its community obligations to provide Financial Assistance in a fair, consistent and objective manner.

2. Abbreviations:

- FA – Financial Assistance
- CH – Concord Hospital

3. Definitions:

- Uninsured Patient:* patients who have no health insurance coverage.
- Underinsured Patients:* include low-income patients (those with income below 225% of the Federal Poverty Guidelines) with some level of health insurance coverage.
- Medically Necessary Services:* services that are reasonable and necessary for the diagnosis and treatment of an illness or injury.

[Approved Definitions for Use at Concord Hospital](#)

4. Procedure Elements:

4.1 Availability and Notifications
FA Applications will be made available to anyone who requests them. CH will post notices in registration areas regarding the availability of FA. Applications and Financial

Assistance Policy will be available via www.concordhospital.org Information regarding the availability and guidelines for FA are posted on the patient's billing statement.

4.2 Priority Consideration

Priority consideration may be given to hospitalized patients as well as patients requiring emergency services.

4.3 Collection Activities

Receipt of completed applications will result in suspending collection activity on active accounts until a determination has been made. Collection activities will resume for denied applicants. Per Credit and Collections Policy, if Extraordinary Collection Actions have begun, the collection attorney will refund payments that patient paid on the accounts in question (unless less than \$5.00) upon approval of FA.

4.4 Medically Necessary and Noncovered Services

Financial Assistance will not apply to any account(s) that have been sent to a collection agency. It also does not cover services rendered by outside entities, specifically X-ray Professional Associates, Anesthesia Associates, Pathways Pathology, Concord Orthopaedics, GI Associates, and Dartmouth-Hitchcock. Financial Assistance is not available for prescription drugs, cosmetic procedures, complementary medial services, outpatient preventative dental services unless provided at Concord Hospital Family Health Center Dental Clinic, investigational services, or elective noncovered services as specified by Medicare and other third party coverage guidelines. Concord Hospital reserves the right to determine if a service will be considered under Financial Assistance.

Concord Hospital's Financial Assistance Program is not health insurance and does not meet the requirements of "minimum essential coverage" as defined under Federal Law. [EMTALA](#)

4.5 Eligibility

4.5.1 Third Party Payment - Applicants for FA must have exhausted all other means of payment prior to submitting an application for assistance.

4.5.2 Patients must submit a completed financial assistance application and provide all necessary documentation as outlined by the financial assistance cover letter.

4.5.3 Presumptive Eligibility - Proof of New Hampshire Food Stamp eligibility will be presumptive eligibility for FA.

4.5.4 Service Area - CH service area for FA includes Allenstown, Andover, Antrim, Barnstead, Bennington, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon,

Northfield, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Weare, Webster, Windsor. Exceptions will be considered for established patients or for new patients in need of specialty care such as cardiac, cancer and urology services. Financial Assistance may also be provided to non-service area residents who experience an emergency medical condition and require immediate care.

4.5.5 Federal Poverty Guidelines - CH will offer a reduction up to 100% of the patient portion of billed charges for households with income at or below 225% of Federal Poverty Guidelines. Assets will be considered as described in Section 4.5.7 “Determination of Financial Need”. The reduction applies to uninsured patients as well as underinsured patients as defined in this policy. See the [Financial Assistance - Income Guidelines 2017 - List](#) for more information.

- All patients, regardless of income, may be asked to participate in paying a portion of their health care costs. This does not apply to The Family Health Center-Concord and The Family Health Center-Hillsboro-Deering.

4.5.6 Catastrophic Assistance - CH will offer catastrophic assistance on a sliding fee scale for uninsured patients with income between 225% and 500% of the federal poverty guidelines. Underinsured patients may not be eligible for catastrophic assistance; applications are reviewed on a case by case basis.

Catastrophic Assistance Guideline (applies to uninsured patients only)					
Eligibility Criteria: Submission of Financial Assistance application and supporting documentation					
Charges	\$5,001-\$10,000	\$10,001-\$20,000	\$20,001-\$30,000	\$30,001-\$50,000	>\$50,000
Income Level	<i>Correlate the households total charges with household income level</i>				
>225-300% FPL	50%	60% min. pt liability=\$5,000	70% min. pt liability=\$8,000	80% min. pt liability=\$9,000	90% min. pt liability=\$10,000
>300-400% FPL	25%	30% min. pt liability=\$7,500	40% min. pt liability=\$14,000	50% min. pt liability=\$18,000	60% min. pt liability=\$25,000
>400-500% FPL	20%	25% min. pt liability=\$8,000	30% min. pt liability=\$15,000	40% min. pt liability=\$21,000	50% min. pt liability=\$30,000

Catastrophic Guidelines			
	>225%-300% FPL	>300%-400% FPL	>400%-500% FPL
Family Size	Annual Income Level		
1	\$28,103 - \$37,740	\$37,741 - \$49,960	\$49,961 - \$62,450
2	\$38,047 - \$50,730	\$50,731 - \$67,640	\$67,641 - \$ 84,550
3	\$47,752 - \$63,669	\$63,670 - 84,892	\$84,893 - \$106,115
4	\$57,938 - \$77,250	\$77,251 - \$103,000	\$103,001 - \$128,750
5	\$66,196 - \$90,510	\$90,511 - \$120,680	\$120,681 - \$150,850
6	\$77,828 - \$103,770	\$103,771 - \$138,360	\$138,361 - \$172,950
7	\$87,773 - \$117,030	\$177,031 - \$156,040	\$156,041 - \$195,050
8	\$97,718 - \$130,290	\$130291 - \$173,720	\$173,721 - \$217,150

4.5.7 Determination of Financial Need - CH will assess a household’s overall financial situation in determining eligibility for financial assistance and the patient’s ability to contribute to their cost of care. Some of the factors used in this determination include:

- Liquid Assets such as cash, bank accounts, investments, insurance proceeds, and CDs will generally be considered as an accessible asset and utilized in a financial assistance determination. This does not apply to The Family Health Center-Concord and The Family Health Center-Hillsboro-Deering due contractual agreements.
- Non-liquid Assets such as IRAs and pensions will generally not be considered as an accessible asset and utilized in a financial assistance determinations. However, other factors such as a the patient’s age and income may be used as a basis for including non-liquid assets in a determination.

4.5.8 Payment Plans - If a patient is approved for a partial financial assistance discount, the remaining balance of their accounts may be set up on a payment plan for up to 24 months.

4.5.9 Exceptions - CH reserves the right to grant financial assistance discounts in extraordinary circumstances to patients who do not meet the guidelines stated above. Concord Hospital reserves the right to grant financial assistance to patients for whom completion or submission of a complete financial documentation is a demonstrable hardship.

4.6 Approval and Notifications

4.6.1 Term - For individuals on a fixed income the application will be valid for 12 months from the date of approval. Awards for catastrophic assistance will only be for that healthcare service related to that event and will not automatically apply to future or past services. Applicants may be asked to submit further supporting documentation during that year if family circumstances change in any manner.

4.6.2 Decisions - Every effort will be made to finalize the decision after receipt of a complete application. Decisions will be reviewed and approved by either a Supervisor or a Director. Notification to the patient will be completed in writing.

4.6.3 Appeal - Applicants will have a right to appeal if they do not agree with the determination made by Concord Hospital within 30 days from the denial of their application. The first level of appeal should be made to the Director. If the applicant is still not satisfied with the financial assistance determination a second level of appeal can be initiated with the Chief Financial Officer who will render a final decision.

5. References:

N/A

6. Related Documents:

[Collection Policy](#)

7. Authorizing Document:

N/A

8. Associated Committees:

Finance Committee