

LRGHealthcare

Unless otherwise noted, this policy applies to Franklin Regional Hospital and Lakes Region General Hospital.

Title: Financial Assistance Policy

Effective Date: October , 2016

Last Date Reviewed/Revised:

Approved By:

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Policy:

The Financial Assistance program for LRGHealthcare shall be known as HealthLink. HealthLink is a charitable program developed and administered by LRGHealthcare and associated community providers. It is potentially portable for the NH Health Access Network. HealthLink is not insurance and does not substitute for insurance. It does not carry the continuity of coverage for insurance purposes.

HealthLink is provided to patients who are unable to pay for the costs of their care, and for which there is no other source of funding available. In circumstances where a Federal Exchange for insurance coverage is available, any person who is above 133% of the Federal Poverty Level (FPL) shall be directed to the Exchange. Refusal to apply for the Exchange may make such parties ineligible for the HealthLink Financial Assistance Program. Whenever funds are received to support the provision of charity care, without specifying the patient or services to be provided, the amount of such funding is deducted from the total care provided. Determinations for financial assistance shall be made both prospectively for scheduled services and retrospectively for unscheduled services. All patients seeking Emergency Services or other medically necessary services will be eligible for all Financial Assistance programs and none shall be billed more than amounts generally billed to patients who have insurance. (For specifics regarding Emergency Care please reference the LRGHealthcare Emergency Medical Treatment and Labor Act Policy.) The determination is encounter specific and does not guarantee future qualification for assistance. The evaluation process shall be conducted in a manner sufficient to identifying the patient’s inability to pay and applied uniformly to all persons regardless of race, color, natural origin, religion, sex, age (for person beyond the age of majority), physical challenge or inability to pay.

Definitions/Terms provided in Attachment D.

ACCESS TO THE FINANCIAL ASSISTANCE PROGRAM (FAP) – See Policy Publication and Availability (Section IX)

All patients shall have access to obtain information and assistance as well as apply for the Financial Assistance Program. The policy, plain language summary, application, and requirements will be made available through the following means:

1. LRGHealthcare website – www.lrgh.org
2. Customer Service Department – (603)527-2864 to request a copy be mailed or visit us at our downtown Laconia HealthLink building location to obtain a copy.
3. Patient Access Departments – at the Lakes Region General Hospital Highland Street Laconia NH or Franklin Regional Hospital Aiken Ave Franklin NH.
4. Affiliated Practice Offices – Staff can assist you in obtaining access to policy information.

RESIDENCY: Emergent services -No residency requirement.

Planned, scheduled, non-emergent services- The HealthLink Program requires a 6 (six) month residency for HealthLink in the service area or the applicants must be established with a local Network PCP for 6 (six) months.

SERVICE AREA*: Emergent services – No defined service area.

Planned scheduled services -

Alexandria	Ctr Harbor	Hill	Northfield	Bristol	New Hampton
Alton	Danbury	Laconia	Salisbury	Belmont	
Andover	Franklin	Meredith	Sanbornton	Gilford	
Moultonborough	Sandwich	Bridgewater	Gilmanton	Tilton	

*Specialist Outreach Areas will be considered to be within service area for related service at LRGHealthcare facilities.

CONFIDENTIALITY STATEMENT - LRGHealthcare certifies that all information contained within or attached to this application will only be used to determine eligibility in the following programs: HealthLink, Dental Resource Center Programs, Medicaid, Genesis, Dartmouth-Hitchcock providers, New Hampshire Health Access Network participants, and Medication Connection. All information will be held in the strictest confidence. LRGHealthcare and its employees will not release the application or attachments without documented permission of the applicant. The application and attachments may be used by Patient Financial Services (Customer Service, Billing or Patient Access) to determine whether other financial assistance options (collections, attorney, or Patient Advantage Program) may be available to the applicant if the applicant does not qualify for HealthLink.

I. CLINICAL ELIGIBILITY

- A. MEDICALLY NECESSARY FACILITY SERVICES – Assistance determined on a case by case basis.
- B. AVOIDABLE ELECTIVE CARE FACILITY SERVICES – Not eligible for the HealthLink Financial Assistance Program.
- C. PROVIDER SERVICES – Based on type of service and eligibility (A or B above) services may be included in the HealthLink enrollment discounts and/or receive flat rates for certain services.

II. FINANCIAL ELIGIBILITY (FACILITY SERVICES)

- A. All patient responsibility balances must meet income and asset guidelines to qualify for assistance. Assistance is provided to patients with income up to 400% of Federal Poverty Level. (Please refer to HealthLink Income and Asset Guidelines – Attachment A & B)
- B. There are certain services that may not be eligible for Financial Assistance regardless if there is a patient balance. They are as follows:
 1. Liability Cases – motor vehicle, falls, accidents, etc
 2. Workers Compensation
- C. Medicaid eligible recipients may automatically qualify.
- D. Assistance may range from discounted to free care.
- E. The level of income and asset eligibility is based on a percentage of the Federal Poverty Guidelines. (See HealthLink Income and Asset Guidelines – Attachments A & B)
- F. Definition of Household, Income, Expenses, Assets and Investments will be made by the Financial Counselor based on procedural definitions. (See Definitions – Attachment D)
- G. Determinations will be made by the following:
 - Account Balances up to \$5,000.00 – made by Financial Counselors and approved by Manager Self Pay/AR.

Account Balances Over \$5,000.00 up to \$9,999.00 – prepared by Financial Counselor, reviewed by Manager, Self Pay/AR and approved by Director, Patient Access.

Account Balances of \$10,000.00 and greater – prepared by Financial Counselor, reviewed by Manager, Self Pay/AR and approved by HealthLink Administrative Review Committee consisting of: Director, Finance, Director, Patient Access, Director, Patient Financial Services, Billing Manager and CFO.

III. METHOD FOR APPLYING FOR ASSISTANCE

All patients wishing to receive assistance must complete a formal application for assistance. To be considered for Financial Assistance ALL other sources of coverage must be exhausted as viable payment options.

- A. Any patient who feels their out of pocket costs for services scheduled or received will place an undue financial burden may apply for Financial Assistance. Applications are available on paper at all registration stations, in the Discharge Office, by calling Customer Service (527-2864), Financial Assistance (527-7171) or on the website lrg.org under Financial Assistance/HealthLink Find My Assistance. On right side of the page the policies are listed with attachments.
- B. Medicaid Eligible Recipients – may be one of the following:
Any balances prior to Medicaid Enrollment which fall in the current fiscal year or Patients currently enrolled in Medicaid with a SpendDown. These balances may be deemed to be automatically qualified for Financial Assistance based on qualifying for State Assistance. The applicant must meet income, dependent and asset guidelines.
- C. Patients with questions regarding the Financial Assistance Policy or application process may contact Customer Service by calling (603)527-2864, emailing customerservice@lrg.org or by appointment with a Financial Counselor at Lakes Region General Hospital. See Section VIII regarding the Appeal Rights/Process.

IV. APPLICATION SPECIFICATIONS

- A. In the case of an incomplete application a written notice** will be sent to the applicant indicating the additional information required and the deadline of when it must be received. Once a completed application is submitted all collection activity will be suspended on that account until a determination has been made and applicant will be informed of all requirements.
- B. All applicants who submit a formal application will be notified in writing** of the determination including the assistance for which they are eligible and the basis for determination.
**If the applicant does not provide us with current address LRGHealthcare is not responsible for applicant not receiving notification of determination.
If any request for additional information is not received in the indicated time period, the application will be denied and the account(s) will proceed through the normal collection process.
- C. All documentation supporting the approval or denial for HealthLink shall be maintained in either the HealthLink files or in optical charity care files for a minimum of seven (7) years following the close of that fiscal year.
- D. Application to be considered for Financial Assistance must be received and completed no later than 240 days from the initial date of service for which the patient is applying.
- E. The Financial Assistance Application and the List of Documents that may be required for determination may be found as an attachment to this policy, on the LRGHealthcare website and through any Patient Access or Customer Service employee.

V. BASIS FOR AMOUNTS CHARGED TO PATIENTS

-Eligible individuals will not be charged more for Emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

-Discounts are calculated based on flat rates or discount percentages (65% to 95%)– of the LRGHealthcare Medicare reimbursement - which are less than the amounts generally billed to individuals not receiving

Financial Assistance. If needed, patients may obtain amounts generally billed by requesting an itemized bill through Customer Service at (603)527-2864 or price quote at (603)527-7170.

A. FACILITY SERVICES –

1. Qualifies for the HealthLink Financial Assistance Program
 - a. Based on level of determination, patients will be qualified under Plan A, B C, or D based on income and assets. (See HealthLink Benefit Matrix – Attachment C)
 - b. Hardship - In cases of extreme hardship (eg homelessness, death with no estate) with appropriate proof, the accounts may be adjusted to zero balance. This would be on an exception basis and must be approved by one or more of the following: Director of Patient Access, CFO or the HealthLink High Balance Committee.
2. Other Assistance – applicant does not qualify for the HealthLink Financial Assistance Program
 - a. Patient Advantage Plus Program- An automatic discount of 30% will be provided to customers that are not covered by Insurance, State or Federal programs or
 - b. Charitable/Community-based programs. There will be no minimum account balance to qualify.
 - c. HealthLink Catastrophic Program - LRGHealthcare customers incurring catastrophic out of pocket costs (\$10,000.00 or greater) associated with an illness or injury may qualify to obtain up to a 40% discount based upon their income level without submitting a formal application.
 - d. Medicare Equivalent Discount – Accounts may be discounted to the amount Medicare would pay for services if the patient were covered by Medicare. This would be on an exception basis and need the approval of the CFO or HealthLink High Balance Committee.
 - e. Commercial Payer Discount – May discount billed charges to an average of selected commercial payer payment. This would be on an exception basis and need the approval of the CFO or HealthLink High Balance Committee.
 - f. Prompt Pay Discount – Customers will be eligible for a 20% discount on all facility services provided they prior authorize a credit card payment on date of service regardless of insurance coverage.

B. PROVIDER SERVICES –

1. Approved for Financial Assistance based on type of service and eligibility.
 - a. Services may be included in the HealthLink enrollment discounts. See Attachment C
 - b. Services may be eligible for flat rate discounts. See Attachment C and F
2. Not Approved for Financial Assistance.
 - c. Prompt Pay Discount – For balances other than office co- payments, customers will be eligible for a 20% discount if they prior authorize a credit card payment on date of service regardless of insurance coverage.
 - d. Medicare Equivalent Discount – Accounts may be discounted to the amount Medicare would pay for services if the patient were covered by Medicare. This would be on an exception basis and need the approval of the CFO or HealthLink High Balance Committee.
 - e. Flat Rate Fees – See Attachment F

* In instances where an individual does not qualify for the HealthLink Financial Assistance Program, the total combined discount (Patient Advantage Plus and HealthLink Catastrophic) shall not exceed the HealthLink Catastrophic Discount.

VI. ACTIONS FOR NON PAYMENT OF DISCOUNTED BALANCES

- A. All accounts with an unpaid patient balance will receive two billing statements and a final notice over a 120 day period. The final notice shall include a statement of possible Extraordinary Collection Action (e.g. credit reporting) – See Definitions (Attachment D)
- B. At 121 days it will be transferred to a Collection Agency and deemed bad debt.
- C. At 240 days the balance will be filed on the guarantor's credit report as overdue.
- D. If deemed appropriate patient assets may be attached and legal action pursued.

VII. CARE MANAGEMENT

As a service to our patients HealthLink applicants are eligible to seek Care Management assistance with health and/or social related issues.

VIII. APPEAL RIGHTS/PROCESS

In the event an application is determined not eligible after a review of all financial information and the applicant wishes to appeal the decision to the Administrative Appeals Committee by requesting a special review, the applicant may either request the appeal by phone (524-3211 x6672) or in writing to HealthLink Administrative Appeals Committee, LRGH, 80 Highland Street, Laconia, NH 03246.

The Administrative Appeals Committee will consist of the Patient Financial Services Manager, Director of Patient Access, and the Directors of Patient Financial Services and Finance. Upon completion of the review, the findings will be approved/denied by the CFO. The review will take place within ten business days and the applicant will be advised of the final decision immediately thereafter. Whether or not the decision is upheld, the applicant will be offered either a prompt payment discount or other payment arrangements.

IX. POLICY PUBLICATION AND AVAILABILITY

- A. The full Financial Assistance Policy and/or the Plain Language Summary of the FAP may be accessed directly via the following methods: LRGHealthcare website (www.lrg.org), patient statements, displays at Franklin Regional Hospital, Lakes Region General Hospital, Hillside Medical Park, and Laconia Clinic.
- B. A free of charge copy of the Financial Assistance Policy and all associated guidelines, criteria and documents can be obtained in the following ways:
 1. Calling or emailing Customer Service at (603)527-2864 or customerservice@lrg.org.
 2. Requesting a copy from Patient Access or Customer Service Staff at the following locations: Franklin Regional Hospital, Lakes Region General Hospital, Interlakes Medical Center, HealthLink Building.
- C. A copy of the Plain Language Summary will be included in the Inpatient Admission and Discharge packets.
- D. Community will be informed of the FAP using the following means: local radio at least annually, hospital publications/mailings, community benefit report, social service agencies.
- E. A copy of the Plain Language Summary will be included on the billing statements and posted at all patient access locations where LRGHealthcare provides services to include but not limited to: reception areas, Emergency Rooms and provider practices.

X. GUIDELINES/DOCUMENTS – provided as attachments to the policy

- A. Federal Poverty Income Guidelines - change annually when published by the federal government and adopted as Financial Assistance Income Guidelines annually.
- B. Asset Guidelines
- C. HealthLink Plan Guidelines- Summary of Benefits, Provider Self Pay Flat Rates
- D. HealthLink Definitions
- E. List of documents that may be requested for Financial Assistance Approval
- F. HealthLink Application

Attachment A

FEDERAL POVERTY GUIDELINES – EFFECTIVE 10/1/2016

SIZE OF HOUSEHOLD	POVERTY LEVEL	NHHP (up to 133% FPL)	PLAN A (0%-185% FPL)	PLAN B (186%-225% FPL)	PLAN C (226%-300%)	PLAN D (301%-400%)
1	\$11,880.00	\$15,800.40	\$21,978.00	\$26,730.00	\$35,640.00	\$47,520.00
2	\$16,020.00	\$21,306.60	\$29,637.00	\$36,045.00	\$48,060.00	\$64,080.00
3	\$20,160.00	\$26,812.80	\$37,296.00	\$45,360.00	\$60,480.00	\$80,640.00
4	\$24,300.00	\$32,319.00	\$44,955.00	\$54,675.00	\$72,900.00	\$97,200.00
5	\$28,440.00	\$37,825.20	\$52,614.00	\$63,990.00	\$85,320.00	\$113,760.00
6	\$32,580.00	\$43,331.40	\$60,273.00	\$73,305.00	\$97,740.00	\$130,320.00
7	\$36,730.00	\$48,850.90	\$67,950.50	\$82,642.50	\$110,190.00	\$146,920.00
8	\$40,890.00	\$54,383.70	\$75,646.50	\$92,002.50	\$122,670.00	\$163,560.00

EACH
ADDITIONAL
HOUSEHOLD
MEMBER

\$4,160

\$7,696.00

\$9,360.00

\$12,480.00

\$16,640

revised July 2016
effective October 1, 2016

***In the absence of reasonable income proof, expenses may be used to determine income.**

Attachment B

ASSET GUIDELINES

1. Real Estate – To qualify applicants may only own one property which must be their primary residence.
2. Equity limits apply. Property may not be bequeathed or transferred within five years prior to date of service and/or date of application.
3. Retirement Investments – May be protected but limits apply.
4. Investments, Gifts, Non-Essential recreational items – Not protected. Limits apply.

***Combined real estate and/or retirement equity in excess of \$150,000 will be considered income.**

Attachment C

Effective 10/2016

HEALTHLINK ASSISTANCE BENEFITS

HOSPITAL FACILITY SERVICES				
PLAN	Plan A	Plan B	Plan C	Plan D
% of Federal Poverty Level	0%-185%	186%-225%	226%-300%	301%-400%
Hospital Services- Both In and Outpt Svcs	5% of charge	15% of charge	25% of charge	35% of charge
Hospital Emergency Services - per visit	\$200.00	\$225.00	\$350.00	\$500.00
Rehabilitation, Cardiac, Pulmonary - per visit	\$20.00	\$30.00	\$40.00	\$50.00
Coumadin - per visit	\$10.00	\$15.00	\$20.00	\$25.00

PROVIDER SERVICES				
PLAN	Plan A	Plan B	Plan C	Plan D
% of Federal Poverty Level	0%-185%	186%-225%	226%-300%	301%-400%
Office Visit	\$50.00	\$60.00	\$70.00	\$80.00
Physical	\$60.00	\$70.00	\$80.00	\$90.00
Specialist Office Visit/Office Consult/ Admission/Daily Visit	\$70.00	\$80.00	\$90.00	\$100.00
Office Procedure	\$125.00	\$150.00	\$175.00	\$200.00
ASC/Hospital Procedure	\$600.00	\$700.00	\$800.00	\$1,000.00
Anesthesiology	5% of charge	15% of charge	25% of charge	35% of charge

DENTAL SERVICES				
PLAN	Plan A	Plan B	Plan C	Plan D
% of Federal Poverty Level	0%-185%	186%-225%	226%-300%	301%-400%
Hygienist	\$20.00	\$30.00	\$40.00	\$50.00
Dentist Exams (excludes dentures and crowns)	\$70.00	\$80.00	\$90.00	\$100.00
Denture, Denture Reline, Repairs, Crowns	25% of charge	30% of charge	40% of charge	50% of charge

IMPORTANT -There are NO additional discounts to the rates published here. These amounts are due in full

Attachment D

HEALTHLINK DEFINITIONS

AVOIDABLE ELECTIVE CARE – Service(s) that can be withheld or deferred with low or no long term clinical consequences to the patient.

AMOUNT GENERALLY BILLED – The amount generally paid to LRGHealthcare for emergency or other medically necessary care to individuals who have insurance covering such care.

EXTRAORDINARY COLLECTION ACTION (ECA) – Actions the Internal Revenue Service deems “extraordinary” means of collecting debt to include: reporting to collection agencies, selling individuals debt to another party and pursuing legal action against an individual.

EXPENSES – All reasonable and necessary costs associated with the household and residence. Essential expenses would include, but may not be limited to the following: rent/mortgage, groceries, telephone, electric, cable, heat, car payment, water/sewer.

FACILITY SERVICES – Any service provided by a department of the hospital regardless of location. (e.g. laboratory, medical imaging, surgical services)

HEALTHLINK FINANCIAL ASSISTANCE PROGRAM – Financial Assistance provided to those who qualify based on clinical necessity and income/asset guidelines up to 400% of the federal poverty level for facility services.

HOUSEHOLD – Household members shall consist of members sharing a household who have a legal union (blood, marriage, civil or adoption) and/or those with no legal union that fall into one of the following categories: (In the case of a pregnancy, the fetus will not be counted as part of the household until birth.)

- a. Any other person who is claimed on the applicant’s tax return.
- b. Unmarried adults residing together in the same legal residence for at least 12 months.
- c. Unrelated household members that own joint property and/or have joint financial accounts.
- d. Unmarried couples living under the same roof with a mutual child.

INCOME – Household income is the total combined income of a 12 month period of all members of the household (see Household definition) who share financial responsibility in a household. This includes compensation from employment, net income from business, farm or rent, dividends, interest, social security payments and any other income received by members of the household. The following may be considered income: (To be eligible applicant must file tax returns when required by state and/or federal law.)

- f. Tax reported income
- g. Non-retirement Investments (CD’s, stocks, bonds, mutual funds)
- h. Retirement Investments
- i. Recreational vehicles
- j. Excessive expenses/Discretionary Spending
- k. Open lines of credit
- l. Timeshare Ownership
- m. Other sources of income such as but not limited to: savings, alimony, child support, interest.

MEDICALLY NECESSARY - Service(s) that, IF withheld or deferred, may cause long term clinical consequences to the patient.

MEDICARE EQUIVALENT PAYMENT - A payment equal to the amount Medicare would have paid the healthcare provider if the patient was eligible for Medicare coverage.

PRESUMPTIVE ELIGIBILITY – A means of assessing whether a patient qualifies for assistance without the patient having to complete an application or providing supporting documentation.

PROVIDER SERVICES – Any service provided by a primary care provider or specialist that is billed independently.

Attachment E

LIST OF DOCUMENTS THAT MAY BE REQUIRED
For completion of Financial Assistance Determination

1. Complete and signed application (signed by all parties applying)
2. Copy of most recent federal income tax return
 - a. Copy of spouse's return if married filing separately
 - b. All schedules and attachments for self employed income tax returns
3. Proof of current income
 - a. Last 4 most recent paycheck stubs
 - b. Copy of social security check or direct deposit or annual statement
 - c. Statements from pensions, annuities, child support, investments or any other source
 - d. In the absence of the above, all household expenses (to be used as proof of income)
4. Three months of bank statements may be requested
5. DHHS notice of decision
 - a. Medical assistance
 - b. Financial assistance
 - c. Food stamps
 - d. Disability
6. Current Property tax bill
7. Current Mortgage Statement with principal balance
8. Any other documentation available to assess the individual's situation
 - a. Termination of employment
 - b. Bankruptcy
 - c. Proof of Homelessness
 - d. Bank Statements
 - e. Trust Documents
 - f. Settlement Documents

Attachment F

PROVIDER SERVICES FLAT RATE FEES
For patients not approved for Financial Assistance

OFFICE SERVICES	
Office Visit	\$110.00
Physical	\$140.00
Office Consult	\$165.00
Office Procedure	\$220.00
Chiropractic Services	\$55.00
DOT PE	\$79.00
Nurse Visit	\$30.00
Allergy Injections	\$25.00
Allergy Injections	\$30.00
Implanon or Paragard Insertion	\$825.00
Mirena & Insertion	\$1,000.00
Hearing Aids	\$2,750.00
X-Ray (AOS, CFW, LC)	\$55.00
Mammogram (CFW only)	\$110.00
Dexa Bone Density (CFW only)	\$110.00
Ultrasound (AOS, CFW, LC)	\$110.00

OFFICE MEDICATIONS AND VACCINES	
Pricing if billed alone. Included in office visit if during the same encounter	
FLU	\$30.00
Pneumonia	\$50.00
TD	\$40.00
TDAP	\$45.00
B-12	\$35.00
HIB	\$35.00

OFFICE MEDICATIONS AND VACCINES	
NOT Included in office visit even if during the same encounter	
Prevnar	\$220.00
Gardasil	\$165.00
Meningococcal	\$105.00
Zostervax	\$175.00
HEP A	\$90.00
HEP B	\$85.00
MMR	\$55.00
Typhoid	\$65.00
Synvisc 16mg	\$275.00
Synvisc 32mg	\$400.00
Synvisc 48mg	\$550.00
PRP Plasma Rich Protein Injection	\$350.00

* Abbreviations

AOS- Advanced Orthopedic Association

CFW – Caring For Women

LC – Laconia Clinic Offices

DENTAL SERVICES	
Hygienist	\$55.00
Dentist Exams (excludes dentures and crowns)	\$140.00