

LRGHealthcare

Unless otherwise noted, this policy applies to Franklin Regional Hospital and Lakes Region General Hospital and all parts of the LRGHealthcare system.

Title: Financial Assistance Policy

Effective Date: March 15,2018

Last Date Reviewed/Revised:

Distribution: Management & Administration Chapter

Policy:

LRGHealthcare is dedicated to providing quality care to everyone regardless of their ability to pay. LRGHealthcare makes certain that a person's inability to pay does not interfere with their ability to seek and receive Emergency Services or other necessary medical care and treatment. Financial Assistance is a charitable program developed and administered by LRGHealthcare and associated community providers. Financial Assistance is available for emergency services and other medically necessary services and is approved according to financial need based on income and asset guidelines described in this policy.

LRGHealthcare assists patients with enrolling in governmental programs, financial assistance programs, and/or other forms of payment. Individuals with financial ability are expected to purchase health insurance coverage, as mandated by the Affordable Care Act.

Financial Assistance 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 138% of the Federal Poverty Level (FPL) shall be directed to the Exchange. Determinations for financial assistance shall be made both prospectively for scheduled services and retrospectively for unscheduled services. Uninsured patients shall not be billed more than amounts generally billed to patients who have insurance.

The evaluation process shall be conducted in a manner sufficient to identify 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.

I. ACCESS TO THE FINANCIAL ASSISTANCE PROGRAM (FAP):

See Policy Publication and Availability (Section XI)

All patients shall have access to information and assistance and may apply to 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
3. Patient Access or Customer Service 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.

II. RESIDENCY:

Emergency services - No residency requirement.

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

III. SERVICE AREA*:

Emergent services - No defined service area.

Planned scheduled services -

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

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

IV. CLINICAL ELIGIBILITY

- A. Medically Necessary Services (Physician and Facility) – Medical Necessity is based on generally accepted medical practices for the purpose of evaluating, diagnosing, preventing, and/or treating an acute and/or chronic illness, disease, or symptoms.
- Centers for Medicare and Medicaid services, Local Coverage Determination guidelines, and National Coverage Determination guidelines will be also used to assist in medical necessity determination.
 - LRGHealthcare views regular preventive services as medically necessary to maintain the health and wellness of our patients.
- B. Excluded and Limited Services - See Attachment C
- Services that are not eligible, or need a provider written statement of medical necessity, to qualify for the Financial Assistance Program.

V. FINANCIAL ELIGIBILITY

- A. All patients must meet income and asset guidelines to qualify for financial assistance. Assistance is provided to patients with income up to 300% of Federal Poverty Level. (See Financial Assistance Income and Asset Guidelines – Attachments A & B)
- B. Certain services are not eligible for Financial Assistance, as follows:
- Liability Cases – motor vehicle, falls, accidents, etc
 - Workers Compensation
- C. Traditional Medicaid currently eligible recipients will automatically qualify.
- D. Expanded Medicaid currently eligible recipients must apply for assistance.
- E. Assistance may range from discounted to free care.
- F. The level of income and asset eligibility is based on a percentage of the Federal Poverty Guidelines. (See Financial Assistance Income and Asset Guidelines – Attachments A & B)
- G. Definition of Household, Income, Expenses, Assets and Investments will be made by the Financial Counselor based on procedural definitions. (See Definitions – Attachment D).
- H. Determinations
- Account Balances that fall within policy guidelines will be determined by a Financial Counselor, reviewed by the Manager of Account Resolution, and approved by the Director of Account Resolution.
 - Account balances that fall outside of standard guidelines require a letter of extraordinary hardship and be approved by the Director of Revenue Cycle and CFO.
 - Eligibility in the Financial Assistance program extends for a 6-month period, at which time a new application is required, including all necessary income and asset documentation.
 - Exception: Patients whose sole income is from SSI will be eligible for 12 months.
- I. Medical Indigence and Presumptive Eligibility
- Individuals who qualify for NH Medicaid and Expanded Medicaid
 - Individuals who are homeless and didn't complete financial assistance application
 - Individuals covered by an out of state Medicaid program, whose provider is not enrolled with, and the services do not justify completion of enrollment paperwork.

VI. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE

- A. All patients wishing to receive financial assistance must complete a formal application.
- B. All other sources of coverage must be exhausted as viable payment options. Requests for an extraordinary hardship exception will be approved by the Director of Revenue Cycle and the CFO.
- C. Any patient whose out of pocket costs 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 IrgH.org under Financial Assistance/Financial Assistance Find My Assistance.
- D. Traditional Medicaid Eligible Recipients will be one of the following:
 - 1. Any balances prior to Medicaid Enrollment which fall in the current fiscal year or Patients currently enrolled in Medicaid with a SpendDown. These balances will be deemed to be automatically qualified for Financial Assistance based on qualifying for State Assistance.
 - 2. Balances that fall outside the current fiscal year will not be eligible for charity write off.
- E. Expanded Medicaid Eligible Recipients (NHHP) must complete a financial assistance application.
- F. Patients with questions regarding the Financial Assistance Policy or application process may contact Customer Service by calling (603)527-2864, emailing customerservice@IrgH.org or by appointment with a Financial Counselor at Lakes Region General Hospital. See Section VIII regarding the Appeal Rights/Process.

VII. APPLICATION SPECIFICATIONS

- A. Once an application or request for assistance is received, all collection activity will be suspended until a determination and every attempt to notify the patient has been made by phone and mail.
- 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.
 - 1. LRGHealthcare is not responsible for applicant not receiving notification of determination if the applicant does not provide us with a current address.
 - 2. If additional information is not received as requested 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 Financial Assistance will be maintained either in the Financial Assistance files or in optical storage 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 can be found as an attachment to this policy, on the LRGHealthcare website and through any Patient Access or Customer Service employee.
- F. 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: Financial Assistance, Dental Resource Center Programs, Medicaid, Genesis, Dartmouth-Hitchcock providers, New Hampshire Health Access Network participants, and Medication Connection. All information is held in strictest confidence. LRGHealthcare and its employees will not release the application or attachments without documented permission of the applicant. Patient Financial Services (Customer Service, Billing or Patient Access) will use the application and attachments 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 Financial Assistance.

VIII. LIMITATION OF CHARGES – UNINSURED CARE DISCOUNT FOR SELF PAY PATIENTS

- A. LRGHealthcare has chosen to calculate Amounts Generally Billed (AGB) based on the Look Back Method to include all payers (including Medicare and Medicaid) for the prior twelve months. In order to calculate, we reviewed all paid claims for the previous twelve months, compared insurance payment to gross charges to calculate the net average reimbursement rate. That rate for the previous twelve months is 38.22%

- B. Discounts are not valid for patients with health insurance coverage including but not limited to: Medicare, Medicare Advantage, Medicaid, Worker's Compensation, Accident/Liability coverage, and any other State or Federal Programs.
- C. Self-Pay means a patient who does not have any form of insurance including but not limited to health insurance, MedPay coverage, or other liability coverage.
- D. 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.
- E. 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.

IX. PROMPT PAY DISCOUNT

- A. Patients may receive a 20% prompt pay discount on hospital and provider services by prior authorizing a credit card payment on the date of service, regardless of insurance coverage.
 - 1. Patient Office Visit Co-Pays are exempt from the prompt pay discount

X. PAYMENT PLANS

- A. LRGHealthcare recognizes that paying for co-insurances and deductibles can be a burden and will extend payment plans, up to 6 months, on patient balances.
- B. Any patient wishing to extend their payment plan beyond these guidelines will be directed to a no-interest bank loan program through our partner, Commerce Bank.
- C. Patients with existing bad debt will be referred directly to the collection agency.

XI. 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 account balances will be transferred to a Collection Agency and deemed bad debt.
- C. At 240 days account balances will be filed on the guarantor's credit report as overdue.

XII. CARE MANAGEMENT

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

XIII. APPEAL RIGHTS/PROCESS

In the event an application is determined not eligible after a review of all financial information, the applicant can 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 the Director of Revenue Cycle, LRGH, 80 Highland Street, Laconia, NH 03246.

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.

XIV. POLICY PUBLICATION AND AVAILABILITY

- A. The full Financial Assistance Policy and/or the Plain Language Summary of the FAP can 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.
- 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.

XV. 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. Financial Assistance Plan Guidelines- Summary of Benefits
- D. Financial Assistance Definitions
- E. List of documents that may be requested for Financial Assistance Approval
- F. Financial Assistance Application

Attachment A

FEDERAL POVERTY GUIDELINES – EFFECTIVE 1/1/2018

Household size	Poverty Guideline	Plan A (0 - 175% FPL) 100%	Plan B (176% to 225% FPL) 75%	Plan C (226% to 275% FPL) 50%	Plan D (276% to 300% FPL) 25%
1	\$12,140	\$21,245	\$27,315	\$33,385	\$36,420
2	\$16,460	\$28,805	\$37,035	\$45,265	\$49,380
3	\$20,780	\$36,365	\$46,755	\$57,145	\$62,340
4	\$25,100	\$43,925	\$56,475	\$69,025	\$75,300
5	\$29,420	\$51,485	\$66,195	\$80,905	\$88,260
6	\$33,740	\$59,045	\$75,915	\$92,785	\$101,220
7	\$38,060	\$66,605	\$85,635	\$104,665	\$114,180
8	\$42,380	\$74,165	\$95,355	\$116,545	\$127,140
each additional household member	\$4,320	\$7,560	\$9,720	\$11,880	\$12,960

***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

Excluded Service:

Cosmetic procedures are those procedures performed solely for patient appearance. Procedures of a cosmetic nature are not covered by Financial Assistance. These include but are not limited to:

- Acne Care
- Circumcisions (newborns)
- Fertility Services
- Sterilization including reversals
- Birth Control implants and devices
- Laparoscopy for treatment of infertility (IUI - IVF - GIFT Programs)
- Infertility treatment
- Breast Capsulectomy w/implants Mastopexy (Breast lift)
- Gynecomastia (Male Breast Removal)
- Mastectomy (Transgender or cosmetic)
- Cosmetic Procedures including but not limited to plastic surgery, botox injections, varicose vein repair, etc.
- Rhytidectomy (Face Lift)
- Blepharoplasty (Eyelids)
- Brow Lift (fat/wrinkles on forehead)
- Augmentation Mammoplasty (breast implants)
- Reduction mammoplasty (breast reduction if not covered by insurance)
- Rhinoplasty (nose)
- Abdominoplasty (tummy tuck)
- Lipectomy of any kind (liposuction) - can also be listed as removal of excess skin or fat which is not deemed a medical necessity
- Acupuncture
- Chiropractic Services
- Hearing aides and repairs Eye glasses
- Massage therapy
- Pharmaceuticals-prescription and over the counter medication
- Travel Clinic
- All non-medically necessary newborn testing (i.e. cord blood studies)
- Gender reassignment procedures and related services
- Dental Services except when medically necessary
- Experimental/investigational procedures
- Direct Admit to: Intermediate care (ICF), custodial care, or rest cures in swing bed
- Occupational Health Services
- Physical exams and related services for work or insurance purposes or as required for other administrative or liability reasons.

** Services denied by your insurance company for reasons such as prior authorization, medical necessity, or services deemed experimental.

Limited Services:

Limited Services are those services that may be considered for coverage under Financial Assistance if the provider submits a written statement of medical necessity.

- Bariatric Surgery
- Dental Surgery: removal of teeth due to impaction or infection
- Orthopedic Surgical Services
- Reduction mammoplasty

Attachment D

FINANCIAL ASSISTANCE 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)

FINANCIAL ASSISTANCE 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 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.)

- A. Tax reported income
- B. Non-retirement Investments (CD’s, stocks, bonds, mutual funds)
- C. Retirement Investments
- D. Recreational vehicles
- E. Excessive expenses/Discretionary Spending
- F. Open lines of credit
- G. Timeshare Ownership
- H. 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**

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