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Approved by: Ellen Gauvin, Director of Patient Accounts

## **Athol Hospital**

### **Financial Assistance Policy (FAP)**

#### **POLICY**

Athol Hospital is committed to providing emergency and other medically necessary care to people who have health care needs regardless of whether they are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Consistent with its mission to be our communities' trusted choice for exceptional patient-centered care, Athol Hospital strives to ensure that the people who need health care services receive those services, regardless of their financial situation.

For the purpose of this policy, the terms below are defined as follows:

- **Amounts Generally Billed or AGB:** The "amounts generally billed" or AGB, refers to the amount charged for care that Athol Hospital provides to any individual who is eligible for assistance under this Financial Assistance Plan (FAP). These charges are limited to (i) in the case of emergency or other medically necessary care, not more than the amounts generally billed to individuals who have insurance covering such care, and all as determined in accordance with Section 501® of the Internal Revenue Code and the Treasury Regulations thereunder.
- **AGB Percentage** means the percentage of Gross Charges that Athol Hospital uses under Section 501® of the Internal Revenue code and the Treasury Regulations thereunder to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under this FAP. This percentage does not apply to services not considered medically necessary, including, but not limited to cosmetic procedures, cardiac rehab maintenance programs, and selected rehabilitation service programs.
- **Gross Charges** means the Athol Hospital full, established price for medical care that Athol Hospital consistently and uniformly charges patients before applying for contractual allowances, discounts or deductions.
- **FAP Definitions:** Emergency and other medically necessary health care services that have been or will be provided under the Athol Hospital Free Care Payment Assistance Program, or free or discounted care, based on the following established definitions:

**Free Care:** Free or reduced charge care for patients eligible under the FAP.

**Free or Presumptive eligibility Financial Assistance:** In certain circumstances, a patient may have a need for urgent medical services and appear to be eligible for Free Care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Athol Hospital will utilize the Mass Health eligibility guidelines to determine presumptive eligibility. Due to the inherent nature of the presumptive circumstances, services may be provided and the patient balance may be discounted by adhering to our AGB established rates.

**Medically Necessary:** Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

It is intended that this FAP comply with Section 501© of the Internal Revenue code and the relevant Treasury Regulations thereunder and Athol Hospital reserves the right to amend this FAP at any time. A free copy of Athol Hospital's Financial Assistance Policy (FAP) and Athol Hospital's Credit and Collections Policy can be found on the hospital website at [www.atholhospital.org](http://www.atholhospital.org).

## **ELIGIBILITY CRITERIA**

Eligibility for this Financial Assistance Policy shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Eligibility for free care is determined by rules set by the Commonwealth of Massachusetts and as further defined below.

## **PARTICIPATING ATHOL HOSPITAL FINANCIAL ASSISTANCE POLICY PROVIDERS**

This Financial Assistance Policy applies to emergency and other medically necessary care provided at Athol Hospital, inclusive of care provided by Athol Hospital employed physicians who provide services at the hospital or in a hospital-licensed clinic. A detailed listing of participating providers and be found on the hospital's website at [www.atholhospital.org](http://www.atholhospital.org).

## **HOSPITAL PROCEDURES – HOW TO APPLY FOR FINANCIAL ASSISTANCE**

1. Upon registration for a hospital service, and after all Emergency Medical Treatment and Active Labor Act ("EMTALA", found at Section 1867(a) of the Social Security Act) requirements are met, patients, upon request, will be advised of their estimated financial responsibility, including an estimate of hospital fees, co-pay, co-insurance and deductible prior to service delivery, as appropriate.
2. If a patient does not have insurance, or is without Federal, State or private insurance, they may request a financial assistance appointment with a Financial Counselor by contacting their office at 978-249-1115.
3. Financial Counselors will review uninsured accounts and offer a copy of the Plain Language Summary ("PLS") of this FAP and a telephone number to assist in completing an application in order to determine eligibility according to the Massachusetts guidelines based on the patient's self-reported income level. See Appendix 1 for Plain Language Summary (PLS).
4. Patients whose self-reported income falls below 300% of the applicable Federal Poverty Guidelines will be directed to a Financial Counselor for income verification and determination of eligibility for Mass Health, other government programs or Free Care through the Massachusetts Health Safety Net.
  - a. Determination of eligibility for financial assistance will be made in accordance with the Commonwealth of Massachusetts Mass Health application. Athol Hospital uses Mass

Health guidelines to determine eligibility for assistance. See Appendix 3 for more details on the Mass Health Application.

- b. If an applicant submits a Mass Health application form online or on the telephone directly with a Mass Health representative's assistance then the applicant should inform the Financial Counselor that this step has been completed. Otherwise, upon receipt of all required documentation (as requested in the Mass Health application form) the Financial Counselor will make a determination of eligibility for Mass Health. If the counselor deems the applicant eligible, the counselor will assist in the completion of the Mass Health application which is then forwarded to the Commonwealth of Massachusetts department of Mass Health for final approval and applicant enrollment.
  - c. If an applicant is not deemed eligible for Mass Health, they will be evaluated for a potential enrollment for a Health Safety Net subsidy. Applications shall be processed promptly and the applicant informed of approval status by Mass Health.
  - d. If an applicant is not deemed eligible for a Health Safety Net subsidy, in whole or in part, the applicant will be provided a written and dated statement of the reasons for the denial by Mass Health. In addition, this statement shall state that the applicant may reapply for the Mass Health or Health Safety Net Programs if their financial situation or family status has changed.
  - e. An applicant who believes his or her financial circumstances have changed, so as to make him or her eligible for assistance, can request a review of income eligibility at any time for future discounted or free hospital services.
  - f. Applicant questions or to request a copy of the Mass Health Application can be directed to the Financial Counselor at 978-249-1115.
5. For new enrollees, a Mass Health application must be received and processed by Mass Health within 10 days of a past medical visit in order to be considered for payment within Athol Hospital's FAP. See Appendix 3 for more detail on the Mass Health Application Form, including how to submit the application electronically or via a telephone call with the assistance of a Mass Health representative. Appendix 3 also has instructions on how to download a free online copy or how to request a free paper copy of this application form directly from Athol Hospital.

#### **HEALTH SAFETY NET ELIGIBILITY GUIDELINES**

A Massachusetts resident whose family income is documented as equal or less than 150% of the Federal Poverty Income Guidelines who:

1. Has no health coverage or has coverage that pays only for part of the bill; **and**
2. Is ineligible for any private or governmental sponsored coverage (such as Mass Health or a Managed Care Organization); **and**
3. Meets **both** the income and assets eligibility criteria listed below.

4. Health Safety Net does not cover physicians' fees that are considered under a separate entity from the Hospital.

### **INCOME CRITERIA**

To be eligible for FULL coverage under the Health Safety Net the patient's gross family income, before taxes, must be at, or below the levels in Column I of the Exhibit in Appendix 2. Individuals or a family, whose gross family income, before taxes, is between the levels in Column I and II, may qualify for Partial coverage under the Health Safety Net program.

Patients will be asked to provide proof of income, residency, identity, and if you have insurance of any kind to help pay for your care. Patients will be screened by the Commonwealth of Massachusetts for Mass Health, Connector Care or Health Safety Net Assistance prior to being eligible for financial assistance.

### **AMOUNTS GENERALLY BILLED (AGB) DISCOUNTED CARE GUIDELINE**

Consistent with Internal Revenue Code Section 501®, patients who have no health insurance and are not eligible for Mass Health will only be billed at the AGB discounted rate of emergency and other medically necessary care.

Athol Hospital limits the amount charged for emergency and other medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for the care multiplied by the AGB percentage. The AGB percentage is determined using a "look-back method." Under this method, Athol Hospital determines the AGB for any emergency or other medically necessary care it provides to FAP-eligible individuals by multiplying Athol Hospital's Gross Charges for the care by the AGB Percentage. Athol Hospital will calculate the AGB Percentage at least annually by dividing the sum of the amounts of all its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to Athol Hospital during a prior 12-month period by the sum of the associated Gross Charges for those claims.

AGB Discount	AGB Percentage
73.7%	26.3%

~Example: If a patient has an emergency room visit of \$500, given the above example, the adjusted patient balance, or billed amount would be \$131.50.

### **PUBLIC ACCESS TO AGB**

Individuals can call the Director of Patient Accounts at 978-630-6203 to determine their cost based on the current AGB.

### **BILLING AND FOLLOW-UP PROCEDURES**

Following the delivery of services, Patient Accounts will send patients a bill for services, as well as information related to our FAP, advising the patient of their financial options. If a valid insurance carrier has been identified, the patient bill will be sent to the carrier for payment. Patients calling Patient Accounts about

an account with an eligible date of service, requesting financial assistance, will be advised of our FAP process and asked if s/he wishes to be screened.

Eligible patients will be referred to the Financial Counselors for applying for benefits under the Health Safety Net or low income insurance verification.

## **CREDIT AND COLLECTIONS PROCEDURE**

It is the policy of Athol Hospital that patients meet their financial obligation to ensure that quality patient care continues to be rendered to all current and future patients. In general, resolution of outstanding collections for patients with insurance (Medicare, Medicaid, Worker's Compensation, Commercial insurance plans and Managed Care) will be initially adjudicated by their respective carriers. Once all reasonable efforts have been exhausted to determine a patient balance, the patient's balance will be re-classified as a self-pay receivable and the Athol Hospital Credit and Collection procedures will be followed. During the self-pay phase, a patient billing notice advising the patient of their outstanding obligation, along with financial assistance options will be sent to the patient in 30-day intervals. Included in these notices will be the actions to be taken by Athol Hospital in the event of nonpayment and the entire outstanding obligation may be referred to an outside collection agency. Any amounts paid by the patient above the amount required under the FAP will be refunded to the patient.

Extraordinary collection actions may include, but are not limited to the following: placing liens on an individual's property, foreclosure of a person's property, commencing a civil action against an individual, reporting adverse information to credit agencies or bureaus, deferring or denying non- medically necessary care because of nonpayment for previously provided care that is covered under the FAP and garnishing an individual's wages. These actions require approval from the Director of Patient Accounts and the Senior Vice President & Chief Financial Officer. Extraordinary collection measures are governed by the following time periods:

1. Notification period: The hospital shall notify an uninsured individual about the Collection, Payment, and Financial Assistance Policy before initiating any extraordinary collection actions to obtain payment and refrain from initiating extraordinary collection actions for at least 120 days from the date the patient is provided the first post-discharge billing statement for medical care.
2. Application period: An individual has 240 days from the date they are provided with the first post discharge billing statement to submit an application.
3. Waiting time for extraordinary collections: Athol Hospital must provide the patient with a minimum of thirty (30) days' notice before engaging in any extraordinary collection actions.

Athol Hospital does not engage in the following Extraordinary Collection Actions (ECAs):

- ~ Sell Athol Hospital bad debt to third parties
- ~ Seizing or attaching a person's bank account
- ~ Causing an individual's arrest

## **PAYMENT PLAN POLICIES**

Athol Hospital engages a third party vendor to assist in the collection of amounts owed by patients, including those on a payment plan.

Patients who contact Athol Hospital to request a payment plan will be directed to the Patient Financial Services Department to arrange a payment plan of up to 12 months.

The agreed-upon plan will be documented in Athol Hospital's billing system including the patient/guarantor's address and contact information, as well as any agreed upon payment details. Monthly invoices will be issued for the duration of the plan. A patient or guarantor's failure to make the agreed upon payments will result in the account being turned over to a collection agency as outlined above.

#### **COMMUNICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND/OR DISCOUNTS FOR THE SELF-PAY PATIENT**

Notification about this FAP, discounted care or low income subsidy programs available from Athol Hospital are disseminated by various means. This may include, but is not limited to, the publication of its FAP as to how to obtain an application are on the Athol Hospital website, notices on patient bills, and by posting notices in patient accessible areas. Such information shall be provided in the primary languages spoken by the population serviced by Athol Hospital, which represents the lesser of 5% of our PSA or 1,000 individuals. Referral of patients for financial assistance may be made by any member of the Athol Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws. Approval of financial assistance is subject to the satisfactory compliance with each of the program's requirements as outlined in this document.

A free copy of both Athol Hospital's Financial Assistance Policy (FAP) and Credit and Collections Policy is available on the hospital's website [www.atholhospital.org](http://www.atholhospital.org).

#### **REGULATORY REQUIREMENTS**

In implementing this Policy, Athol Hospital management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

#### **OTHER RELEVANT POLICY**

Athol Hospital Credit and Collection Policy

### **APPENDIX 1: Financial Assistance Policy – Plain Language Summary (PLS)**

*The Athol Hospital Financial Assistance Policy (FAP) helps provide eligible patients partially or fully-discounted emergency or other medically necessary healthcare services provided at Athol Hospital. Patients seeking financial assistance must apply for the program, which is summarized here:*

**Eligible Services** – Emergency or other medically necessary healthcare services provided by Athol Hospital and billed by Athol Hospital. The FAP only applies to services billed by Athol Hospital. Other services separately billed by other providers, such as physicians or outside laboratories, are not eligible under the FAP.

**Eligible Patients**- Patients receiving eligible services, who submit a complete application (including related documentation/information) as described below, and who are determined eligible for Financial Assistance by Athol Hospital.

**How to Apply** – Athol Hospital’s FAP can be found at [www.atholhospital.org](http://www.atholhospital.org) and the related Application Form may be obtained or completed as follows:

**Application** – Applicants should contact the financial counselor at 978-249-1115 to be screened for eligibility and to set up an appointment. Applicants will be instructed to bring verification and other documentation necessary to complete the application. The application is free of charge by any of the following methods:

**By mail:** By writing to the following address and requesting a paper copy of the financial assistance application: Athol Hospital, Financial Counselor, 2033 Main St. Athol, MA 01331

**In person:** By stopping by the Financial Services department in person (Monday-Friday 7:30 a.m. to 4:00 p.m.) located at the following address: 2033 Main St., Athol, MA 01331

**By phone:** By calling Mass Health at 877-623-6765. Choose the option for filling out an application and a phone agent will then assist you in completing an application while you are on the phone.

**Online:** The Mass Health Application can be found at <https://www.mahealthconnector.org>. You can download it to create a paper copy or else you can fill out the application electronically and submit it while you are online. Our financial counselors are happy to assist with the online application during a scheduled appointment.

Unless you have done the phone or online submission of the Mass Health Application, the completed paper application should be signed and sent to the Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780.

**Determination of Financial Assistance Eligibility** – Generally, persons are eligible for financial assistance, using a sliding scale, when their family income is at or below 300% of the Federal Government’s Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that Eligible Persons will have their care covered partially or fully, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons.

Athol Hospital’s Financial Counselors review completed applications and determine financial assistance eligibility in accordance with Athol Hospital’s Financial Assistance Policy. The policy can be found at [www.atholhospital.org](http://www.atholhospital.org). Incomplete applications are not considered, but applicants are given an opportunity to furnish the missing documentation or information. For help, assistance or questions, please call the Athol Hospital Financial Counselor at 978-249-1115.

## **APPENDIX 2:**

## Criteria for Eligibility for Full and Partial Free Care

(updated July 18, 2018)

Size of Family	COLUMN 1 (less than)	COLUMN II (maximun)
	Full Free Care	Partial Free Care
1	\$18,210	\$36,420
2	\$24,690	\$49,380
3	\$31,170	\$62,340
4	\$37,650	\$75,300
5	\$44,130	\$88,260
6	\$50,610	\$101,220
7	\$57,090	\$114,180
8	\$63,570	\$127,140
9	\$70,050	\$140,100
10	\$76,530	\$153,060

For each additional family member add \$6,270.00 for full freecare and \$12,540.00 for partial free care

To be eligible for FULL free care through the Health Safety Net, the patient's gross family income, before taxes, must be at, or below the levels in Column I of the exhibit above. Individuals or a family, whose gross family income, before taxes, is between the levels in Column I and II, may qualify for partial free care through the Health Safety Net.

Patients will be asked to provide proof of income, residency, identity and if you have insurance of any kind to help pay for your care. Patients will be screened by the Commonwealth of Massachusetts for Mass Health, Connector Care, or Health Safety Net Assistance prior to being eligible for financial assistance.

### APPENDIX 3:

### ATHOL HOSPITAL FINANCIAL ASSISTANCE

## APPLICATION INSTRUCTIONS:

1. Athol Hospital utilizes the Mass Health eligibility guidelines and the Mass Health Application Form to determine eligibility for Athol Hospital's Financial Assistance Plan. A free copy of the Mass Health Application form is available as follows:

~ A copy of the Mass Health Application Form is available online in pdf format at:  
<https://www.mahealthconnector.org>

~ A paper copy of the Mass Health Application Form is ALSO available from Athol Hospital upon request. Please contact our financial counselor at 978-249-1115.

Patients whose self-reported income falls ABOVE 300% of the applicable Federal Poverty Guidelines generally do not qualify. See APPENDIX 2 in this document for eligibility criteria. Call 978-249-1115 to speak with the Athol Hospital Financial Counselor if you need clarification.

2. There are alternative ways that one can complete the two necessary steps: filling out a Mass Health Application Form and requesting financial assistance from Athol Hospital.
  - a. If applying in person, ask for the assistance of the Athol Hospital Financial Counselor by calling 978-249-1115 to set up an appointment to do both steps.
  - b. If applying electronically go to [www.mahealthconnector.org](http://www.mahealthconnector.org) and submit per the Mass Health website instructions, and then make an appointment to discuss Athol Hospital's financial assistance options with the Athol Hospital Financial Counselor. Please call 978-249-1115 to make an appointment.
  - c. If mailing the form, please send directly to Mass Health at the address provided on the first page of the form. Please note mailing the form means it will take longer for the form to be received and uploaded electronically by Mass Health which creates a delay. The Athol Hospital Financial Counselors need to have access to the information which you have provided on your Mass Health application.
  - d. For filling out the form via a telephone call, dial 877-623-6765 to reach the Massachusetts Health Connector staff who will assist you. After completing the application on the phone, call our Financial Counselor at 978-249-1115 to set up an appointment to discuss financial assistance options.

Incomplete applications are not considered, but applicants are given an opportunity to furnish the missing documentation or information. For help, assistance or questions please visit or call the Athol Hospital Financial Counselor at 2033 Main St., Athol, MA 01331. Telephone: 978-249-1115. Appointments are strongly recommended.

IMPORTANT NOTE: For new enrollees, a Mass Health Application must be received and processed by Mass Health within 10 days of a past medical visit in order to be considered for payment within Athol Hospital's Financial Assistance Program.