

**CARE NEW ENGLAND HOSPITALS
FINANCIAL ASSISTANCE POLICY
CHARITY CARE**

Purpose:

Financial aid is intended to assist those low-income, self pay individuals who do not otherwise have the ability to pay full charges as determined under the hospital's qualification criteria. It should take into account each individual's ability to contribute to the cost of his or her care. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

Policy:

1. All patients will be provided treatment for essential medical services regardless of their ability to pay.
2. The decision to extend financial assistance will be based solely on the applicant's financial status as indicated by pre-determined eligibility requirements and will be granted to all qualifying patients, regardless of race, color, religion, age, national origin, marital status or legally protected status. This policy will be uniformly applied to any uninsured/underinsured resident.
3. Patients are eligible for financial assistance for essential medical services. Essential medical services are defined as hospital services that are reasonably required to make a diagnosis, correct, cure, alleviate, or prevent the worsening of conditions that endanger life or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.
4. Patients having no health insurance or inadequate health insurance coverage are eligible to apply for the program. To be considered for a discount under the Financial Assistance Policy, a self pay person must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicare, Medicaid, RItecare, third party liability, etc.
5. The Financial Assistance Program shall encompass all essential medical hospital services and professional services furnished by hospital employed physicians.
6. Full financial assistance will be given to patients with gross family income equal to or below 200% of the Federal Poverty Levels (FPL), adjusted for family size, provided such patients are not eligible for other private or public health coverage and do not exceed the assets protection threshold.
7. Individuals with gross income between 201% and 300% of the FPL and who do not exceed the assets protection threshold are also eligible for financial assistance for a portion of the medical bill, based upon a sliding scale. The patient financial responsibility is subject to maximum cap limitations as defined by State

- regulations or as periodically set by Care New England.
8. The responsible party's financial obligation remaining after application of the sliding fee schedule will follow routine collection procedures to obtain payment.
 9. To be eligible for 100% financial assistance or partial financial assistance, the maximum assets (excluding a primary residence and personal automobile) shall not exceed \$8,000 for singles and \$12,000 for family units for 2006 and thereafter increased annually by the most current Consumer Price Index, provided, however, that these thresholds do not block an individual patient's ability to qualify for the state's Medical Assistance program(s) in which case these thresholds may be replaced by those utilized by the state's Medical Assistance program(s). A family unit is defined as a group of two or more persons related by birth, adoption, marriage (legal or common law), or other legal means who either live together or who live apart and are claimed as dependents.
 10. In determining eligibility for full charity care only, in cases where a patient/guarantor qualifies for full charity care under the income criterion but does not meet the assets criterion, the hospital will provide the highest discount offered under the sliding scale. The maximum liability to the patient/guarantor will be the actual assets less the applicable asset thresholds.
 11. Individual consideration may be provided to a patient that can demonstrate undue financial hardship, even though gross income may exceed 300% of the FPL. Exceptions must be approved by the Vice President of Finance or his/her/ designee.
 12. The patient/guarantor may appeal a denial of eligibility for financial assistance by providing additional verification of income or family size within thirty (30) days of receipt of notification of denial. All appeals will be reviewed by the Chief Financial Officer (CFO) or her/his designee for final determination. An appeal by definition requires a review by at least one management level higher than that given for the original application. A request for appeal must be processed within 30 days from receipt of an appeal request. Written notification of the appeal results must be provided to the patient/guarantor.
 13. The hospital may reserve the right to revoke financial assistance if it determines a patient has knowingly misrepresented their financial condition, the number of dependents or any other information necessary to determine financial status for purposes of this policy.
 14. The 'Notice of Hospital Financial Aid' must be available on hospital websites, patient bills and upon request. It will also be posted in Emergency Departments, main lobbies and in admission/registration areas throughout the hospital. Any changes to the Notice must be approved by the Director of the Department of Health (Director).
 15. The Financial-Aid Criteria must be available in other languages in accordance with the applicable "*Standards for Culturally and Linguistically Appropriate Services in Health Care*" (*Standards 4 & 7, based on Title VI of the Civil Rights Act of 1964*). They must be approved by the Director and made available to all persons on request.

16. Any changes to the Application for Financial-Aid must be approved by the Director.
17. The following information must be provided to the Department of Health on an annual basis or as required by the Director:
 - a. Performance measures as determined by the Director,
 - b. The public Notice of Hospital Financial-Aid,
 - c. A copy of the hospital bill including the public Notice of Financial-Aid,
 - d. A copy of the Financial Aid criteria,
 - e. The Application for Financial Aid,
 - f. A copy of the Financial Assistance Appeals process
 - g. A copy of the Collections process.