

Policy Title:	Charitable Care		
Policy Number:	21.0	Effective Date:	3-21-13
Purpose:	To assure that those persons with limited finances who meet specified criteria, will receive health care services at no charge or reduced charges		

The Surgery Center of Greater Nashua (TSCGN) is committed to providing charitable care to persons who have health care needs and are uninsured, underinsured, and ineligible for governmental programs or are otherwise unable to pay for medically necessary care, in whole or in part, because of their individual financial situations. TSCGN strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving needed care.

Charitable care (sometimes referred to as “financial assistance”) is not a substitute for personal responsibility, and patients are expected to cooperate with TSCGN’s policies and procedures for obtaining charitable care, and to contribute to the cost of their care based on their individual ability to pay. Full disclosure of all personal resources is required so that a determination can be made as to the applicant’s eligibility for this type of allowance. Patients with the financial capacity to purchase health insurance will be encouraged to do so as a means of assuring access to health care services and maintaining their overall personal health.

The granting of charitable care 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.

TSCGN may engage a collection agency or law firm to seek payment from a patient who has failed or refused to pay for services rendered by TSCGN. TSCGN or its agents will not engage such firms or take any other extraordinary collection actions, such as wage garnishment, liens on real or personal property, or any other legal processes against any patient, however, without first making reasonable efforts to determine whether that patient is eligible for charitable care under this Policy.

Compliance with this requirement must be confirmed by TSCGN’s Executive Director, and prior authorization from the Board of Trustees must be obtained, before such extraordinary collection actions may be pursued.

A. ELIGIBILITY CRITERIA:

1. Charitable care will be considered only when services are medically necessary. Medicare defines “medically necessary” as services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. Elective procedures, such as cosmetic surgery, typically are

not medically necessary. TSCGN will be solely responsible for determining whether a service is medically necessary, and thus eligible for financial assistance.

2. Charitable care is only available to residents of The Surgery Center of Greater Nashua's primary and secondary service areas. The following towns are located within these areas.

a. *In New Hampshire:* Amherst, Brookline, Derry, Greenville, Hollis, Hudson, Litchfield, Londonderry, Lyndeborough, Merrimack, Milford, Mount Vernon, Nashua, New Boston, New Ipswich, Pelham, Salem, Wilton and Windham.

b. *In Massachusetts:* Dunstable, Pepperell, Townsend and Tyngsboro.

3. All charitable care applicants first must exhaust all other sources of reimbursement prior to receipt of financial assistance from TSCGN. TSCGN will counsel applicants as to the availability of, and their eligibility for, funds from Local, State and Federal agencies to cover some or all of the costs of TSCGN's services. If a patient refuses to apply for, or follow through with, an application for New Hampshire Medicaid and that patient is likely to be eligible for such assistance, the patient's charitable care application to TSCGN automatically will be denied.

4. The primary factors in qualifying for charitable care will be the patient's or guarantor's income level, with consideration given to other available assets, and the number of people in the family. To be eligible for financial assistance, the patient's or guarantor's household income level must be equal to or less than 300% of the Federal Poverty Level shown on the most recent Federal Poverty Guideline for the 48 Contiguous States and the District of Columbia published by the U.S. Department of Health and Human Services (FPL). TSCGN will update and attach to this Policy the current FPL levels. TSCGN, in its discretion, may consider other circumstances that may constitute eligibility for charitable care such as hardship due to unemployment, illness, death or medical indigence.

5. TSCGN participates with the New Hampshire Health Access Network. Therefore, patients who seek charitable care from TSCGN may be approved for financial assistance through the New Hampshire Health Access Network without the need to apply separately to TSCGN. Additionally, patients who are currently eligible and approved for charitable care through Saint Joseph Hospital of Nashua, NH, Southern New Hampshire Medical Center or Dartmouth-Hitchcock, will be extended charity care at TSCGN without an application upon verification of their approval.

6. TSCGN reserves the right (but does not have the obligation) to waive charitable care eligibility criteria on a case-by-case basis as needed to avoid hardship to a patient, as determined solely by TSCGN.

B. PROCEDURE FOR APPLYING FOR FINANCIAL ASSISTANCE:

1. Copies of this Policy, a plain language notice of the availability of charitable care and summary, and application forms will be widely available at no charge to prospective or current patients and their guarantors as provided below.

2. If during preadmission, admission or the billing and collection cycle, a patient indicates the inability to pay for the care received from TSCGN, the patient or patient's family or caregiver(s) will be provided a notice of the availability of charitable care and referred to a TSCGN Financial Counselor.

3. All means of receiving payment from third-party payors will be explored first. If it appears the patient may qualify for public assistance, the Financial Counselor will assist the patient or patient's family/caregiver(s) in applying for the appropriate program. Upon application for public assistance and confirmation of estimated amounts due from third parties, TSCGN may review and conditionally approve or deny the application for charity care. Conditionally approved charity care would not be available until a denial/payment from the third party was received.

4. Candidates for charitable care are required to complete and submit to TSCGN an application within 14 working days of receipt of the application, and are urged to do so prior to the scheduled services if possible. Proof of income should be attached and must include at least two of the following:

- 3 current payroll stubs
- current year federal tax return
- W-2 form
- written documentation from employer
- proof of unemployment/worker's compensation/social security
- bank statement
- If none of the above proofs of income are available, then a letter of support from a third party may be used. This must be accompanied by a notarized statement from the patient or guarantor (in the case of a minor) stating that they have no income.

TSCGN may presume, in its discretion, that a patient is eligible for charitable care without a financial application when the foregoing documentation cannot be provided because of life circumstances demonstrating financial need, such as homelessness, deceased patients without verifiable assets or probate administration, or the exhaustion of Medicaid benefits.

5. Ownership of significant assets will be considered with each application. Any person who has reached the age of majority and is financially dependent upon parents, guardians or other family members will be evaluated for charitable care based on family income. TSCGN will refer to state law regarding marriage and civil union when determining who is included within a family.

6. Upon satisfactory completion of the application, which includes submitting proof of income and/or support, it will be reviewed by the Financial Counselor and either recommended for approval or denied. Recommended approvals will be reviewed by the Executive Director and brought before the TSCGN Board of Trustees for a final decision.

7. If charitable care is approved, the patient/guarantor will be notified, in writing, of the decision within 15 working days. Patients who were approved for partial financial assistance and who are cooperating in good faith to resolve the balance of their TSCGN bills will be offered interest-free payment arrangements for the self-pay portion still due. Further, TSCGN will not take any extraordinary collection efforts, or refer the balance to a collection agency, unless and until a patient fails to honor the payment arrangement and an alternative arrangement cannot be made in good faith.

8. Applicants will have the opportunity to appeal any charitable care denial or any decision to offer partial financial assistance. If an appeal is requested, the decision will be reviewed by the TSCGN Board of Trustees. The written appeal must include a reason for the appeal not included in the original Charitable Care Application. A written notification of the outcome of the appeal review will be issued to the patient within 30 days of the request.

9. The charitable care award will be applied to eligible candidates in the following manner:

a. An approved application for charitable care will cover any accounts with dates of service one (1) year prior to the date of the application; and

b. An approved application for charitable care will cover any future accounts with dates of service up to six (6) months from the date of the application.

At the expiration of six months, or upon any material change in financial status, whichever occurs sooner, the patient must reapply and provide all relevant documentation for continued charitable status.

C. BASIS FOR DETERMINING AMOUNTS CHARGED TO PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE:

If an eligible applicant is awarded charitable care by TSCGN, TSCGN will determine the amount of free care to be provided to the patient within the eligibility period as follows:

1. If the patient's or guarantor's family income is equal to or below 225% of the FPL, then all of the care provided by TSCGN will be free; and

1. If the patient's or guarantor's family income is above 225% and equal to or below 300% of the FPL, then the free care provided by TSCGN will be reduced as shown in the chart below:

2.

Percentage of FPL	Amount of TSCGN Free Care (Discount off of Gross Charges*)	Patient Responsibility as Percentage of Gross Charges* Due
Greater than 225% and equal to/less than 250%	75%	25%
Greater than 250% and equal to/less than 275%	50%	50%
Greater than 275% and equal to/less than 300%	25%	75%
Greater than 300%	0%	100%

* For purposes of this Policy, the term “Gross Charges” means the total charges at TSCGN’s full rates for its services, as established by the TSCGN Board of Trustees from time to time.

3. No individual who is approved for TSCGN charitable care will be charged more for medically necessary care by TSCGN than amounts generally billed to individuals who have insurance covering such care (“AGB”). AGB will be determined by TSCGN by adding all claims paid by Medicare fee-for-service and all private health insurers as primary payers for medically necessary services during a prior 12-month period, and dividing the sum by the sum of the associated Gross Charges, and then converting the result into a percentage (of Gross Charges).

D. PUBLICATION/DISSEMINATION OF CHARITABLE CARE POLICY

TSCGN will post in a conspicuous place this Policy and a plain language notification of the availability of charitable care, and have application forms widely available at no charge, in its patient registration and waiting areas, and by mail upon request. If TSCGN maintains a web site, the most recent version of the Policy, plain language summary and application form will be posted on the web site and available for downloading. Copies of these materials also will be provided to all TSCGN uninsured and self-pay patients upon registration. TSCGN also will post in the foregoing locations the name(s) and contact information for any TSCGN personnel who may be contacted by any individual for guidance about this Policy and an application for financial assistance. Translation services will be made available as needed, and copies of the Policy, summary and application form will be made available in English and any other language which is the primary language of 10% or more of the population in the TSCGN service area.

COMPLIANCE; REVISION:

This Policy is intended to conform with the requirements of New Hampshire RSA 7:32-h (II), the Internal Revenue Code sections applicable to tax-exempt providers like TSCGN, and all other applicable laws, and it will be reviewed and updated from time to

time and no less than annually to maintain compliance, and to ensure that the Policy is furthering its intended purpose.

DATE APPROVED: 3-21-13

LAST REVISED:

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Attachment: Current Federal Poverty Levels (FPL)

Household Size	100%	133%	150%	200%	300%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$34,470
2	15,510	20,628	23,265	31,020	46,530
3	19,530	25,975	29,295	39,060	58,590
4	23,550	31,322	35,325	47,100	70,650
5	27,570	36,668	41,355	55,140	82,710
6	31,590	42,015	47,385	63,180	94,770
7	35,610	47,361	53,415	71,220	106,830
8	39,630	52,708	59,445	79,260	118,890
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040	\$12,060