

<b>TITLE:</b>	<b>Financial Assistance Programs Policy</b>	<b>POLICY NO:</b>	<b>PFS11</b>
<b>EFFECTIVE DATE:</b>	<b>02/01/2017</b>	<b>REGULATORY STANDARD:</b>	
<b>DISTRIBUTION:</b>	<b>Administration, Finance, Patient Financial Services, Patient Access</b>		
<b>REPLACES NO:</b>			
<b>FORMULATED BY:</b>	<b>Amy Logue, Director, PFS</b>		
<b>APPROVED BY:</b>	<b>Finance Committee, Board of Trustees</b>		
<b>REVIEW DATE:</b>	<b>02/01/2017, 01/01/2019</b>		
<b>REVISION DATE:</b>	<b>02/01/2017, 01/01/2019</b>		

- I. **PURPOSE:** Littleton Regional Healthcare (the Hospital) is a not-for-profit organization operated exclusively for the purpose of providing quality healthcare services to the members of the communities served.

It is the intent of the Hospital Board of Trustees that this policy ensure that the Hospital offers levels of free and discounted care following the framework adopted by the New Hampshire Health Access Network which is currently the federal requirement for community health centers. It is also the intent of the Hospital Board of Trustees that the Hospital provides reliable access to care for vulnerable residents in our community regardless of their ability to pay.

- II. **POLICY:** The Hospital Board of Trustees adopts the following concepts serving as a guide to facilitate the implementation of financial programs along the programs guidelines and to assist patients in identifying and applying for any other assistance programs for which they may be eligible. The Hospital's agents will collaborate with others throughout the New Hampshire Health Access Network to reduce or eliminate structural barriers to access and to enhance continuity of care and coordination of care for low income seniors and low-income uninsured and under-insured children and adults statewide.
1. Patients are provided with the notice of the Hospital's Financial Assistance Program in the following manner:
    - a. Brochure available throughout the hospital.
    - b. Applications are provided in the Admitting and Emergency Room Registration areas.
    - c. All statements which are sent to all patients, contain a message notifying the recipient that Financial Assistance may be available.
    - d. Financial Assistance information posted on our website.
    - e. Signs at all points of registration.
  2. An Application can be obtained:
    - a. In person at Littleton Regional Healthcare, located at:  
600 St. Johnsbury Rd  
Littleton, NH 03561

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- b. By calling our Financial Counselor at:  
(603) 444-9560
- c. By visiting the LRH volunteer desk, emergency department or clinic offices.
- d. By going online to: [www.littletonhospital.org](http://www.littletonhospital.org)

- 3. All sources of payment for medical services: medical insurance, public assistance, liability, worker's compensation, auto with medical payment and any other potential sources must be exhausted before financial assistance will be awarded.
- 4. Applications for Financial Assistance will be verified every six months in recognition of the possibility of changing financial circumstances over time. The six month approval may be based on a case by case scenario. The applicants' financial situation will be reviewed and to determine whether this is a temporary hardship or a permanent situation. Those applicants who are on a long term fixed income, such as social security or disability may be approved for a period of 1 year.
- 5. The Hospital will grant financial assistance, on a sliding scale, to patients with income levels that do not exceed 300% of the poverty guidelines as published in the Federal Register. All patients with full Medicaid eligibility are deemed indigent and therefore qualify for the LRH Financial Assistance program.

The Hospital will administer a 42 % discount on all uninsured patient accounts. . This discount is offered in accordance with the New Hampshire regulation, RSA151:12-b and the federal Affordable Care Act.

- 6. Littleton Regional Healthcare does not charge more than the Amount Generally Billed. The Amount Generally Billed (AGB) is the allowable amount of charges for the services rendered. LRH uses the look back method for Medicare and private health insurers annually.

### III. PROCEDURES:

#### A. Littleton Regional Healthcare Financial Assistance Program:

All patients may apply for the Hospital's Financial Assistance Program. The individual must apply for Medicaid and the Buffington Fund (Lisbon residents only) if deemed eligible by the Financial Counselor after utilizing the NH Medicaid Screening worksheet and sent notification to apply for such programs; to be considered for the LRH CC. The Medicaid application must be a co-operative one and any denial for withdrawal of application will be grounds for denial of patient's application for Financial Assistance. Individuals who have applied and have a pending application for a public assistance program are not eligible until a decision is reached.

Individuals who choose not to enroll in Medicare Part B are not eligible for Littleton Regional Healthcare Financial Assistance.

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Applicants that are eligible for Victims of Crime (VC) compensation will not be eligible for financial assistance until their VC has been exhausted. Be aware that VC compensation funds are used for housing, medications, and counseling. Reimbursement from VC will not be received until all of these, plus all medical treatment has been completed.

All applicants must provide their most recent tax return. If unable to do so, applicant must sign 4506-T for verification. Their application will not be processed until a return letter from the IRS is received.

Littleton Regional Healthcare will extend financial assistance to those applicants who live within a specified catchment area. The catchment area will be defined as those patients who reside in the state of New Hampshire or Vermont. Any other state will not be considered for financial assistance.

Financial Assistance will be granted on a sliding scale based on gross income and family size as compared to the federal poverty guidelines as follows:

- Up to 200% of federal poverty guidelines will receive 100% financial assistance.
- 201%-225% of federal poverty guidelines will receive 75% financial assistance.
- 226%-275% of federal poverty guidelines will receive 50% financial assistance.
- 276%-300% of federal poverty guidelines will receive 25% financial assistance.

Assets will be taken into consideration. This will include 401k and 403b retirement accounts which now provide penalty exclusions for early withdrawals for medical related expenses. Each household is allowed the following sheltered assets: savings, certificates of deposit and checking up to \$5000 per person/\$10000 per family. The applicant's primary residence will be excluded as an asset.

Retirement accounts will be included in asset calculation as follows:

\$0.01 - \$49,999.00 Retirement account not included in assets

\$50,000.00 - \$59,999.00 25% of Retirement added to assets

\$60,000 - 69,999.00 50% of Retirement added to assets

\$70,000 - \$79,999.00 75% of Retirement added to assets

\$80,000.00 and up 100% of Retirement added to assets

The Financial Counselor will present applications to the Patient Financial Services Director weekly. Applications that are to be approved could be subject to credit report for verification of financial information disclosed by the applicant. Adjustments will be reviewed and signed off as follows: Financial Counselor \$0.00-500.00, PFS Director \$501.00 – 5000.00, VP of Finance \$5001.00-9999.99 and CEO \$10000.00 and above. The patient or responsible party will be notified of the determination in writing.

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Applications will be for services incurred both before and after the application for financial assistance is turned in for processing to the Financial Counselor. The patient has 240 days from date of first statement to apply for financial assistance. The financial application will also be inclusive of any bad debt accounts that the patient(s) and family members on the application may have incurred within that 240 day period. The collection agency will be contacted to close the account to free care and the balance adjusted to financial assistance if approved.

Once approved the appropriate financial assistance will be applied to the patients account(s). If the patient has made payments on these accounts and it results in a credit balance after the appropriate financial assistance is applied a refund will be issued to the patient.

6. If the patient has a balance due after the appropriate financial assistance is applied, The Hospital will send the patient or responsible party periodic statements showing the status of the insurance claim and/or private pay balance. This information outlining our Credit and Collections process is available in our Credit and Collections Policy. You can obtain a free copy of this policy **PFS05** by contacting our Financial Counselor at 603-444-9560.

### **C. Ammonoosic Sliding Scale**

Patients screened by the Cooperative Clinic (ACHS) and determined to be in need of Financial assistance will be given a voucher (sliding fee scale card) that the Hospital will honor for the Financial Assistance sliding scale in lieu of the Hospital's Financial Assistance application forms.

In order for services to be considered under the ACHS sliding scale the patient must be current with their application to the Cooperative Clinic and the date of service must fall within the approval time frame listed on the voucher from ACHS.

### **D. Hear Now Program**

Patients screened by the Starkey Hearing Foundation through the Hear Now Program and determined in need of financial assistance will be provided with hearing aid fitting and follow up for the first year of warranty coverage for hearing devices provided by the Hear Now Program at no out of pocket expense to the patient. This does not include the fee for initial evaluation of a patient.

### **F. Excluded Services**

Physicians' services are excluded from Financial Assistance eligibility unless they are included in hospital charges on the patient's account, or are services rendered by a Littleton Regional Healthcare-owned physician practice. Attached is a list of the Physician Practices that accept the Littleton Care Program. See Appendix A attached.

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There are certain services, both in the hospital and clinic setting which are excluded from the Littleton Care Program or other financial assistance programs accepted at Littleton Regional Healthcare (i.e.: NHHAN, ACHS Sliding Fee Program). The following services are considered either elective or non emergent and therefore, not covered: cosmetic procedures, services related to treatment of obesity, sexual dysfunctions, genetic counseling, massage therapy, fertility treatment, sterilization or contraceptive methods. A comprehensive list will be maintained by senior staff as an addendum to this policy.

The Hospital Board of Trustees, consistent with state and/or federal regulations, will determine the availability of Financial Assistance annually.

### **EXAMPLES OF EXCLUDED PROCEDURES**

Acne care

Acupuncture

Biofeedback

Birth Control implants and devices

All non-medically necessary newborn testing (i.e. cord blood studies)

Chronic and Long-term pain management

Circumcisions (Newborn)

Cosmetic procedures, including plastic surgery, botox injections, varicose vein repairs, etc.

Dental services

Durable Medical Equipment (including braces and prosthetics)

Direct admits to: Intermediate Care (ICF), custodial care, or rest cures in swing beds

Elective Procedures

Experimental/investigational procedures

Infertility procedures including artificial insemination, in-vitro fertilization, intra-uterine implantation procedures, laparoscopy (for treatment of infertility)

Insurance company claims denied for lack of referral/pre-certification that the patient is required to obtain or for patient failure to submit information being required by the insurance company

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Massage therapy

Occupational health services

Physical exams and related services for work or insurance purposes or as required for other administrative or liability reasons.

Private rooms

Services or procedures available through federal, state or local law, regulations or programs

Services or procedures for any condition, disease or injury arising out of or in the course of employment, when the member has the opportunity to be covered by a Workers' Compensation programs

Services or procedures for disease or injury sustained as a result of war, riot or civil disobedience

Sex transformation procedures and related services

Sterilization and/or reversal of voluntary sterilization charges. (Physician consultation charges for discussion of possible sterilization may be covered.)

Supplies, including but not limited to: hearing aid(s), allergy serum, IUD and other birth control devices, cast cover, crutches, and durable medical equipment

**LITTLETON REGIONAL HEALTHCARE**  
FINANCIAL ASSISTANCE PROGRAM (Charitable Care)

Updated: 08/2016

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### **Appendix A: Participating Providers**

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FAP applies only to medically necessary and emergency services, and only to services which are hospital-owned. Some services, even if provided on the LRH campus, may not be hospital-owned and therefore do not accept our FAP. Some facilities or providers may have an external financial assistance policy, which is determined by and implemented at the discretion of the separate entity.

The following lists includes the Physician Practices that are currently part of the Littleton Care Program:

- Alpine Clinic (excluding Durable Medical Equipment)
- Gastroenterology Services
- Littleton Orthopedics
- Littleton Urology Associates
- LRH Audiology
- LRH Oncology/Hematology (including Non-chemo infusion services)
- Neurology Associates
- North Country Endocrinology
- North Country Orthopedics
- North Country Otolaryngology
- North Country Primary Care (including Pediatrics and Behavioral Health)
- North Country Pulmonology and Sleep Medicine
- North Country Rheumatology
- North Country Women's Health
- Palliative Care Services
- Surgical Associates at LRH

The following lists includes the Physician Practices on the LRH campus that are **NOT** currently part of the Littleton Care Program:

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Cardiology: Dartmouth Hitchcock Clinic Littleton, Dr. Pollak

Dermatology, Dartmouth Hitchcock Clinic Littleton, Dr. Hammer

Eye Associates of Northern New England

Littleton Internal Medicine

Oncology/Hematology: Dartmouth Hitchcock Norris Cotton Cancer Center

UVM Medical Center Pathology

White Mountain Family Health

White Mountain Podiatry