



Effective 03/2017
Approved 01/2023
Last Revised 01/2023
Expiration 01/2026

Financial Assistance Policy



Catholic Medical Center

Financial Assistance Policy and Procedure

Date Revised: January 2023

Objective

Consistent with its mission to provide high quality health and wellness services for the community, Catholic Medical Center and its employed providers (collectively, CMC) are committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment but do not have the financial means to pay for services or balances that are their responsibility.

This policy is intended to comply with the requirements of NH RSA 151:12-b, Internal Revenue Code Section 501(r) and the Patient Protection and Affordable Care Act of 2010. In accordance with these requirements, any patient eligible for financial assistance under CMC's financial assistance policy or uninsured patient will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

Policy

Financial assistance is provided only when care is deemed to be emergency care or medically necessary care, and after patients have been found to meet all financial criteria.

Financial assistance is available to residents of New Hampshire and CMC's primary and secondary service areas. It may be extended to residents outside of these areas only on a limited basis at the discretion of CMC for extraordinary circumstance as determined by CMC.

The primary factor in qualifying for financial assistance will be the patient's or the guarantor's income level with consideration given to other available assets. Other circumstances that may constitute eligibility for financial assistance are: hardship due to unemployment, illness, death or medical indigence. However, consistent with the objectives of this policy, CMC reserves the right to review and consider the content of individual applications on a case by case basis to determine other grounds for eligibility.

Patients seeking financial assistance may first be asked to apply for public or private insurance programs, such as Medicaid or insurance through the public marketplace, as appropriate before eligibility under this policy is considered. Additionally, any uninsured patients who are believed to have the financial ability to

purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured and underinsured patients who do not qualify for financial assistance will be notified in writing. If the patient is not awarded financial assistance, the account will be converted to a self-pay account and follow the standard collection policies for all accounts. Additional financial options for payment may be available, up to and including discounts.

Definitions

- **Financial Assistance:** Emergency or medically necessary services rendered without the expectation of full payment from patients meeting the criteria established by this policy.
- **Medically Necessary:** Hospital services and services rendered by CMC to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity. These services can be provided on both an inpatient or outpatient basis.
- **Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
- **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.
- **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
- **Underinsured:** Insured patients whose out-of-pocket medical costs would pose a financial burden to the patient.
- **Amount Generally Billed (AGB):** The net amount CMC expects to be paid when billing insured patients for emergent or medically necessary care. See "Determining Discount Amount" for how this discount is determined.
- **Gross Charges:** The full amount charged by CMC for items and services before any discounts, contractual allowances, or deductions are applied.

Procedures

Eligibility

Patients who are uninsured or underinsured and have a household income at or below 300% of the Federal Poverty Guidelines (FPG), as shown in the table below, may receive charitable care under CMC's financial assistance policy. Individuals with annual household incomes between 226% and 300% of the FPG will be eligible for a charitable discount off the patient's portion of the gross charges. Individuals with annual household income less than 225% of the FPG will be eligible for a full charitable discount off of the patient's portion of the gross charges.

Effective 4/1/2022 - 3/31/2023

		0 - 225% FPL		226% - 250% FPL		251% - 300% FPL	
		Level 1		Level 2		Level 3	
		(100% Discount)		(90% Discount)		(75% Discount)	
Family Size	100% FPL	Monthly Income = to or <	Yearly Income = to or <	Monthly Income = to or <	Yearly Income = to or <	Monthly Income = to or <	Yearly Income = to or <
1	\$13,590.00	\$2,548.13	\$30,577.50	\$2,831.25	\$33,975.00	\$3,397.50	\$40,770.00
2	\$18,310.00	\$3,433.13	\$41,197.50	\$3,814.58	\$45,775.00	\$4,577.50	\$54,930.00
3	\$23,030.00	\$4,318.13	\$51,817.50	\$4,797.92	\$57,575.00	\$5,757.50	\$69,090.00
4	\$27,750.00	\$5,203.13	\$62,437.50	\$5,781.25	\$69,375.00	\$6,937.50	\$83,250.00
5	\$32,470.00	\$6,088.13	\$73,057.50	\$6,764.58	\$81,175.00	\$8,117.50	\$97,410.00
6	\$37,190.00	\$6,973.13	\$83,677.50	\$7,747.92	\$92,975.00	\$9,297.50	\$111,570.00
7	\$41,910.00	\$7,858.13	\$94,297.50	\$8,731.25	\$104,775.00	\$10,477.50	\$125,730.00
8	\$46,630.00	\$8,743.13	\$104,917.50	\$9,714.58	\$116,575.00	\$11,657.50	\$139,890.00
9	\$51,420.00	\$9,641.25	\$115,695.00	\$10,712.50	\$128,550.00	\$12,855.00	\$154,260.00
10	\$55,740.00	\$10,451.25	\$125,415.00	\$11,612.50	\$139,350.00	\$13,935.00	\$167,220.00
Each Add'l Person Add	\$4,720.00						

CMC Proprietary / Confidential

UPDATED 4/1/2022

Determination of financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors.

When determining patients' eligibility, CMC does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

Individuals experiencing homelessness are assumed to be eligible for financial assistance and may contact the Health Care for the Homeless Program through CMC's Mobile Community Health Team at (603) 663-8718 or in person at 199 Manchester St., Manchester, NH 03103 to discuss their options. The Health Care for the Homeless Program verifies patients' monthly income and insurance status at the beginning of each visit. A nominal fee charge is determined by using guidelines of a "Sliding Fee Scale" schedule which is based upon the Annual Federal Poverty Guidelines.

Calculating Amounts Charged to Patients and Determining the AGB Discount Amount

CMC will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients. Services eligible for financial assistance include emergency or urgent care, services deemed medically necessary by CMC, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health. The determination of which services are considered purely elective resides with CMC. Cosmetic procedures are not covered by the financial assistance policy.

Patients without insurance who qualify for financial assistance cannot be charged more than Amounts Generally Billed (AGB) to people who have insurance covering the same care. The AGB reduction to the patient's balance is based on IRS 501(r) regulations and applies to emergency or medically necessary care only. The reduction is calculated using a look-back method 12 months of paid claims of Medicare fee for

service and all private health insurers. The AGB percent is updated annually based on the most recent 12 months data for paid claims.

For fiscal year FY2023 (10.01.2022-09.30.2023), the following discount rates apply:

Catholic Medical Center 67.03%

Catholic Medical Center Physician Practice Associates 51.81%

Once a patient has been determined as qualifying for financial assistance according to CMC's financial assistance policy, the discount determined by the sliding schedule noted above is applied to the patient's balance.

Self-pay patients receiving emergency or medically necessary care at CMC who are not approved for financial assistance will receive a charitable discount on the gross charges equal to the AGB at time of billing. This discount does not apply to any copayments, coinsurance or deductible amounts.

Applying for Financial Assistance

The application, list of providers covered by CMC's financial assistance policy and a plain language summary of the policy are available in the following places:

- At the facility, 195 McGregor St. 3rd Floor, Manchester, New Hampshire, 03102
- By mail if requested by phone at (603) 663-6922 or (603) 663-6780
- By mail if a requested mailing: CMC Billing Department, 195 McGregor St., Manchester, New Hampshire, 03102
- Online at www.catholicmedicalcenter.org

Financial assistance applications are available in English, Spanish and Nepalese.

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare, Medicaid and other Federal, State or private insurance exchange programs. If the patient refuses to apply for or follow through with an application to an available program, the patient's financial assistance application will automatically be denied.

For purposes of determining available assets, assets include but are not limited to: savings, alimony, certificates of deposit, IRA's, stocks, bonds, 401ks and mutual funds. In calculating the amount of assets for purposes of qualifying a patient for charity care, each household is allowed (i) savings up to \$5,000 for an individual and \$10,000 for a family, (ii) retirement accounts (which includes IRA's stocks, bonds, 401ks and mutual funds) sheltered up to \$100,000, equity in a primary residence sheltered up to \$200,000 for applicants up to age 54 and equity in a primary residence sheltered up to \$250,000 for applicants age 55 or older. Documentation of all trust fund payments and ability to access funds is required.

Family income includes salaries, unemployment compensations, child support, any medical support obligations, alimony, social security income, disability payments, and pension or retirement accounts. The following is excluded from family income: irrevocable trusts and federal or state administered college savings plans. Irrevocable trusts cannot be modified or terminated without the permission of the beneficiary and the grantor has no rights to ownership.

In addition to completing an application, individuals should be prepared to supply the following documentation:

- Two complete consecutive bank statements
- Proof of income for applicant (and spouse if applicable), such as (2) recent pay stubs, unemployment insurance, social security benefits, disability compensation, pension benefits, worker's compensation benefits
- Child support paid or received
- Sufficient information on how patients are currently financially supporting themselves

- Copy of most recent federal tax return
- Copy of most current W2
- Copy of Food Stamp allocation
- Proof of Marketplace premium hardship

If the patient was denied coverage by the State of New Hampshire Department of Health and Human Services, the patient must provide proof of denial.

Individuals who do not have the documentation listed above, have questions about CMC's financial assistance policy, or would like assistance with completing the financial assistance application may contact our financial counselors at (603) 663-8772 or (603) 663-6780.

A financial assistance award will be applied to eligible candidates in the following manner:

- An approved application will cover any accounts with dates of service one year prior to the date of the application unless otherwise specified.
- An approved application will cover any future accounts with dates of service up to six months from the date of the application, or 1 year from the date of application for patients over 65 and receiving Social Security Payments.
- At the expiration of six months, or 1 year for patients over 65 and receiving Social Security Payments, the patient must reapply and provide all relevant documentation for continued financial assistance status.

Actions in the Event of Non-Payment

The collection actions CMC may take if a financial assistance application and/or payment are not received are described in the Billing & Collection Policy. CMC will make certain efforts to provide patients with information about our financial assistance policy before we or our outside agency representatives take certain actions to collect your bill.

Patients have 240 days from the first bill date to apply for financial assistance. All collection activity will be stopped for 15 days to allow time for the completed application to be submitted to CMC. If the application is returned to the patient because the information is either incomplete or missing, the patient has 15 days to resubmit a completed application with supporting documentation. After 15 days, if the application is not received, collection activity will begin.

For more information on the steps, CMC will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see CMC's Billing and Collections Policy. You can request a free copy of this full policy in person or by mail at the CMC Billing Department, 195 McGregor St, Manchester, New Hampshire, 03102, by calling (603) 663-8772 or (603) 663-6780, or online at www.catholicmedicalcenter.org.

Patients concerned about their ability to pay for services or who would like to learn more about CMC's financial assistance should contact the Patient Financial Services Department at (603) 663-8772 and (603) 663-6780.

