

POLICY STATEMENT: It is the policy of the Elliot Hospital, Elliot Physician Network and Elliot Professional Services to offer medical care to all who may have difficulty in paying for services due to limited income without regard to their race, religion, sex, or age.

NOTE: All departments with the exception of the departments listed here follow NHHAN. EPS hospital departments (NICU, Wound Center, Pain Center, PICU and Hospitalist, ED, UCC and Intensivist) follow NHHAN if the patient qualifies for 100% otherwise they will follow the Elliot Hospital Charitable Care.

PURPOSE: This policy defines the income eligibility criteria. The policy also sets forth the procedure by which a patient shall apply and qualify for NH Health Access Network (NHHAN) or Elliot Hospital Charitable Care.

All patients who qualify for NHHAN or Elliot Hospital Charitable Care will be responsible to pay a Community Co-Payment. Please refer to the EHS Community Co-Payment policy for established guideline.

NHHAN

Generally, individuals whose income falls within the 200% NH HAN Sliding Fee Scale guidelines qualify for some level of assistance for medically necessary services. NHHAN provided can range from the patient having no financial obligation (after the community co-payment has been paid), to a percentage of their hospital/physician charges.

Elliot Hospital Charitable Care

Generally, individuals whose income falls below 400% of the federal poverty guidelines qualify for some level of assistance for medically necessary services. The Elliot Hospital Charitable Care provided can range from the patient having no financial obligation (after the community co-payment has been paid), to a percentage of their hospital/physician charges.

PROCEDURE:

NHHAH Sliding Fee Scale (04/01/09-03/31/10)

ANNUAL INCOME LESS THAN:

Poverty guideline Level of Reduction	EPN/EPS			
	4	3	2	1
	25%	50%	75%	100%
Percentage of Guideline	2.00	1.75	1.50	1.25
\$10,830	21,660.00	18,953.00	16,245.00	13,538.00
14,570	29,140.00	25,498.00	21,855.00	18,213.00
18,310	36,620.00	32,043.00	27,465.00	22,888.00
22,050	44,100.00	38,588.00	33,075.00	27,563.00
25,790	51,580.00	45,133.00	38,685.00	32,238.00
29,530	59,060.00	51,678.00	44,295.00	36,913.00
33,270				41,588.00

	66,540.00	58,223.00	49,905.00	
37,010	74,020.00	64,768.00	55,515.00	46,263.00
40,750	81,500.00	71,313.00	61,125.00	50,938.00
44,490	88,980.00	77,858.00	66,735.00	55,613.00
48,230	96,460.00	84,403.00	72,345.00	60,288.00
51,970	103,940.00	90,948.00	77,955.00	64,963.00
55,710	111,420.00	97,493.00	83,565.00	69,638.00
59,450	118,900.00	104,038.00	89,175.00	74,313.00
63,190	126,380.00	110,583.00	94,785.00	78,988.00

Note:

Level#1 – 100% Reduction (125% of FPG)

Level#2 – 75% Reduction (150% of FPG)

Level#3 – 50% Reduction (175% of FPG)

Level#4 – 25% Reduction (200% of FPG)

Elliot Hospital Charitable Care Guidelines (7/1/2009-6/30/2010)

FAMILY SIZE	20% Yearly Income = to or <	40% Yearly Income = to or <	60% Yearly Income = to or <	80% Yearly Income = to or <	100% Yearly Income = to or <
1	43,320.00	37,905.00	32,490.00	27,075.00	21,660.00
2	48,280.00	50,995.00	43,710.00	36,425.00	29,140.00
3	73,420.00	64,085.00	54,930.00	45,775.00	36,620.00
4	88,200.00	77,175.00	66,150.00	55,125.00	44,100.00
5	103,160.00	90,265.00	77,370.00	64,475.00	51,580.00
6	118,120.00	103,355.00	88,590.00	73,825.00	59,060.00
7	133,080.00	116,445.00	99,810.00	83,175.00	66,540.00
8	148,040.00	129,535.00	110,030.00	83,175.00	74,020.00
9					
10					

PROCEDURE: If the patient believes that they may qualify for Charitable Care should request an application by contacting the following:

EPN/EPS Charitable Care Coordinator at 663-4942

Elliot Hospital Charitable Care Coordinator at 663-2571 or 663-2844

The patient must complete the NH Health Access Network application for Charitable Care within 120 days of receiving medically necessary services from the hospital, EPN or EPS. The patient may be sent to collections if no payments are made on the account and a NH Health Access Network application has not been submitted within the time frame indicated in the Collections Policy. Services sent to collections due to non-payment and/or non-timely filing of the Charitable Care application will not be removed from the collection agency and will not qualify for charitable care. Documentation must be submitted with each application in order to most accurately determine eligibility, if any:

- Proof of New Hampshire residency
- Complete copy of the most current tax return including all schedules.
- Signed request for your IRS transcript provided (regardless if you filed taxes or not)
- A copy of 3 (three) most recent pay stubs from each income earner. (If more than one employer within a calendar year, proof of gross income earned at each employer, with corresponding dates of employment will be required).
- If social security income: a copy of check or a copy of bank statement showing the most recent social security deposit.
- If unemployed: verification of any compensation received. Example: unemployment compensation, workers compensation, etc.
- If unemployed and receive no income: a notarized letter of support written by the person or persons who are providing financial support.
- If assistance from City Welfare: vouchers from each program that provides assistance to the individual. Example: food stamps, rental subsidy, fuel assistance, etc.
- If applying for Charitable Care for children, proof of Medicaid and/or Healthy Kids denial.
- If child support and/or alimony are provided: copies of checks.
- Copy of the 3 most recent bank statements (checking, savings, money market, IRA, 401K) from the financial institution specifically with all pages included and nothing blacked out.
- Copy of all pension benefits stubs.

The application with requested information should be returned to:

EPN or EPS Applications:

Physician Practice Solutions
Attn: Charitable Care Coordinator
PO Box 9676
Manchester, NH 03108

Elliot Hospital Applications:

Elliot Hospital Patient Financial Services
Attn: Charitable Care Coordinator
One Elliot Way
Manchester, NH 03103

Before any financial assistance is granted, the applicant must have already exhausted all other sources of payment including insurance, public assistance, litigation, or third party liability. Applicants who are employed and health care is offered, but have elected not to be insured will not qualify for charitable care.

NHHAN or Elliot Hospital Charitable Care can be used for all medical visits (not medical supplies) provided by the participating providers which includes visits for preventative care as well as diagnostics and treatment. Services that are considered cosmetic, elective, or patient convenience would not qualify for Charitable Care.

The Charitable Care Coordinator will render in writing determination of eligibility within 14 days of receipt of the complete application (eligibility determination may be extended due to length of process time for IRS transcript). Subsequent appointments will not be considered under the condition of Charitable Care unless the patient has been accepted into the program. The patient will be considered self-pay.

Patients accepted into the Charity Care Program will qualify for a total of six (6) months of coverage. The coverage period may begin up to 120 prior to the approval date and the qualification will extend up to six (6) months total approval time. (Example: If a patient is approved on March 1st and has services dating back to February 1st, the charitable care will be backdated to February 1st and the expiration of the charitable care will be August 1st). Patients who are accepted for the Charitable Care program will need to re-qualify every six (6) months from the date that the initial patient services are received under Charitable Care program. Patients re-applying for charitable care who have an outstanding balance to include but not limited to the Community Co-Payment or a collection balance related to the prior charitable care qualification period would not re-qualify until the outstanding balance is paid in full. NHHAN will not be accepted for patients who have qualified for NHHAN through another hospital who have an outstanding balance or collection balance with the Elliot Health System during their NHHAN qualification period.

Patients denied Charitable Care may appeal the decision in writing to the Charitable Care Appeal Committee. An appeal letter must be received within 30 days of the date of the denial letter. This committee will review the appeal and render a written decision to the patient within 30-days of receipt.

All patients who are denied Charitable Care can re-apply yearly from the date of denial unless there is a change in income (i.e. loss of job) and/or family size which may change the qualification.

Any applications returned requiring additional information will be held for 30 days from the date of the letter mailed to the applicant requesting this information. If the information is not received within 30 days, the application will be denied.

NHHAN

Portability: Patients who meet eligibility requirements (both income and asset and/or notarized letter of support) under NH HAN will be issued NHHAN Charitable Care cards that are accepted by all facilities/providers who are participate with NH HAN. All cards will be pre-numbered and issued to the Charitable Care representatives from the finance department. There may be further eligibility and documentation requirements requested by the accepting facilities/providers. All approved applications and supporting approval documentation will be requested for any patient being seen at the Elliot for tertiary services through NICU or Radiation Oncology that have been approved for NHHAN through another hospital prior to the Elliot accepting the NHHAN discount.

Elliot Hospital Charitable Care

Patients who do not qualify for 100% NHHAN for Elliot Hospital Services will be reviewed for qualification under the Elliot Hospital Charitable Care program. Patients who meet the eligibility requirements under Elliot Hospital Charitable Care will be issued a Elliot Hospital Charitable Care card that is only accepted by Elliot Hospital and the following EPS departments for physician services: *NICU, Wound Center, Pain Center, PICU and Hospitalist, ED, UCC and Intensivist*. All cards will be pre-numbered and issued to the Charitable Care representatives from the finance department.

Eligibility will be determined based on the guidelines provided in NH HAN's manual or the facilities/providers specific guidelines.

