



Patient Discount and Financial Assistance Policy

PURPOSE:

The Patient Discount and Financial Assistance Policy outlines all circumstances under which patients are provided discounts on bills for the services provided at Emerson Hospital. This includes discounts based on the patient's insurance status, without regard to their financial status, and discounts based on the patient's financial status typically determined by verifying the patient's income and/or participation with a government sponsored health plan.

Emerson Hospital recognizes that some patients have limited means and may not have access to insurance coverage for all services. This policy has been developed to assist uninsured patients and underinsured patients with limited financial resources.

DEFINITIONS:

Amounts Generally Billed (AGB): The amounts generally billed for Emergent Services or Medically Necessary Services provided to individuals who have commercial insurance coverage or are covered under the federal Medicare and Medicaid programs. AGB will be calculated using the "Look-Back Method", in accordance with the provisions of 26 CFR Section 1.50(r) – 5(b)(3)(ii)(C).

Behavioral Health Services: Medically necessary services that focus on the patient's psychological and mental health and may be provided in several care delivery settings.

Elective Services: Medically necessary services that do not meet the definition of Emergent or Urgent Services. The patient typically, but not exclusively, schedules these services in advance.

Emergent Services: Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). A medical screening examination and treatment for emergency medical conditions or any other such service rendered to the extent required pursuant to EMTALA (42 USC 1395(dd)) qualifies as Emergency Care.

Emergent services also include:

- Services determined to be an emergency by a licensed medical professional;

- Inpatient medical care which is associated with the outpatient emergency care; and,
- Inpatient transfers from another acute care hospital to Emerson Hospital for the provision of inpatient care that is not otherwise available.

Guarantor: A person or group of persons, including, without limitation, a patient's parents, legal guardians and other family members, who/that assume(s) the responsibility of payment for all or part of the Hospital's charges for services.

MassHealth MAGI: Modified Adjusted Gross Income used for determining eligibility for MassHealth.

Medically Necessary Services: Services that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically Necessary Services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act.

Other Services: Services where medical necessity has not been demonstrated to the reviewing clinician or where the patient's qualifications for the service may not meet the general insurance plan definitions for meeting key medical necessity criteria for the service. Other Services also includes services that insurance plans often consider not to be Medically Necessary Services including, but not limited to: Cosmetic Surgery, Gastric Bypass Services absent of a payer's determination of medical necessity, and Patient Convenience Items such as charges related to overnight services above and beyond those needed for medical care or patient overnight services (inpatient or partial hospitalization) where there isn't a clearly demonstrated medical necessity.

Post-Acute Care: Medically necessary services provided at a Hospital that is classified as post-acute care, including rehabilitation services.

Public Program: Programs established by a state or federal government to pay or otherwise address the cost of covered health care services provided to individuals who meet the program's criteria, which included, but are not limited to, MassHealth (Medicaid), Health Safety Net (HSN), ConnectorCare, the Children's Health Insurance Program (CHIP), other Medicaid programs and Medicare.

Uninsured Patient: A patient that does not have any health insurance in effect for a specific date of service or where their coverage is not effective for a specific service due to network limitations, insurance benefit exhaust or other non-covered services.

Urgent Services: Medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health.

POLICY STATEMENT:

Emerson Hospital is committed to providing emergency and other medically necessary care to people who have health care needs regardless of whether they are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and underserved, while being financially responsible, Emerson Hospital strives to ensure that the people who need health care services receive those services, regardless of their financial situation.

Scope:

This Emerson Hospital Financial Assistance Policy applies to Emergent and other Medically Necessary Services provided at Emerson Hospital, inclusive of care provided by Emerson-employed physicians who provide services at the hospital or in a hospital-licensed clinic. A detailed listing of participating providers can be found on the hospital’s web site at www.emersonhospital.org/financialassistance.

UNINSURED PATIENT DISCOUNT PROGRAM

Emerson Hospital provides Uninsured Patients a discount from charges for most services. This program is inclusive of patients at all income levels with no financial qualifications or application required, although patients must be current on all outstanding balances to qualify.

Exclusions from the Uninsured Patient Discount Program

- Services that are classified as “Other Services” are excluded from this discount.
- Services provided by physicians who bill “privately” rather than through one of the physician groups are excluded from this discount.
- All balances post insurance processing are excluded from this discount, including: co-payments, co-insurance and insurance deductibles. Balances due to Exhausted Benefits that have not been discounted by the payer are eligible provided that they are specifically excluded from the discount by this policy.
- The following services are excluded from the discount: cosmetic surgery, motor vehicle claims, third party liability claims, fixed fee for services, other non-medically necessary services or services where other discounts have already been included in the charge and any service that is billed with a dedicated self-pay fee schedule.

Schedule of Discounts

Inpatient Services	20% Discount
Outpatient Services	43% Discount

FINANCIAL ASSISTANCE POLICY (FAP)

Financial Assistance Discounts

Eligibility Criteria for Financial Assistance

To be eligible for financial assistance under this FAP, generally, patients must meet the following criteria:

1. The applicable services must be Medically Necessary Services;
2. The patient must reside in Massachusetts;
3. The patient's combined household MassHealth MAGI may not exceed 400% of the Federal Income Poverty Guidelines (FPG);
4. The patient/Guarantor does not have funding from other sources (e.g. charitable foundations, family members, etc.) to pay for Medically Necessary Services;
5. The patient/Guarantor meets with a Hospital Financial Counselor to determine eligibility for coverage under commercial insurance or a Public Program;
6. If determined to be eligible for commercial insurance or a Public Program, the patient apply for such commercial insurance coverage or Public Program and provide the Hospital Financial Counselor with documentation evidencing that such applications have been submitted; and
7. The patient must complete and submit a complete copy of the Hospital's FAP Application and furnish any additional information reasonably requested by the Hospital in order for it to make a determination of eligibility.

If the patient is enrolled in or qualifies for commercial insurance or and Public Program, financial assistance is not available to reduce the amounts owing with respect to Other Services.

Income Criteria for Financial Assistance Discounts

For patients who are determined eligible, financial assistance may be available to reduce the cost of such services based on the MassHealth MAGI for the patient's household.

Federal Poverty Income Guide – March 2022

Family Size	150% FPG	250% FPG	300% FPG
1	\$20,388	\$33,984	\$40,776
2	\$27,468	\$45,780	\$54,936
3	\$34,548	\$57,576	\$69,096
4	\$41,628	\$69,384	\$83,256
5	\$48,708	\$81,180	\$97,416
6	\$55,788	\$92,976	\$111,576
7	\$62,868	\$104,784	\$125,736
8	\$69,948	\$116,580	\$139,896
For each additional person add	\$7,080	\$11,808	\$14,160

Discount Methodology and Rates; Limitation on Charges

Pursuant to IRS 501(r), the Hospital limits charges to patients and guarantors qualified under our Financial Assistance Policy (FAP) to the Hospital’s AGB. Any patient eligible for financial assistance under this FAP will not be billed greater than the AGB to insured patients for Emergent Services and other Medically Necessary Services provided by Emerson Hospital. Emerson Hospital calculates the AGB using the “look-back” method by dividing (i) the sum of all allowed amounts for claims that have been paid by Medicare, Medicare fee-for-service and commercial insurers for all Emergent Services and Medically Necessary Services for the prior fiscal year by (ii) the sum of the associated gross charges for those claims in accordance with 26 CFR Section §1.501(r)-5(b)(3). This is generally done in December when the most accurate data is available with discount rates being updated in January. The AGB Description, which provides the AGB calculation for the current fiscal year, is publicly available on the Emerson Hospital website at <https://www.emersonhospital.org/patients-visitors/insurance-financial/financial-assistance>.

Current Financial Assistance Discounts

Household MassHealth MAGI as % of FPG	Discount – Charged Service	Discount – Co- payment, Deductible
0% to 200%	100%	100%
200% to 400%	AGB	None

Application and Discount Process; Eligibility Period

Patients will be encouraged to apply for consideration of Financial Assistance in all cases where they meet the basic qualifications outlined in this policy. All applications will be reviewed including cases where all the qualifications have not been satisfied. The application process can be initiated by contacting a Financial Counselor at 978-287-3432. Typically, only fully completed applications will be reviewed for consideration. Designated staff at Emerson Hospital will review all applications, contact the applicant for follow up information and communicate determinations to the applicant. Determinations of eligibility will generally be effective for one (1) year from the date of determination, unless over the course of the year the patient’s MassHealth MAGI or insurance status changes to the extent that the patient becomes ineligible.

Interest-free payment plans will be offered to patients pursuant to existing guidelines in the Emerson Hospital Credit & Collection Policy. Those guidelines require a minimum monthly payment of \$25 with a payment schedule of one year for balances less than \$1,000 and two years for larger balances. All other collection practices, including those actions that may be taken for non-payment of balances are specified in the Emerson Hospital Credit & Collection Policy. That policy can be found at: <https://www.emersonhospital.org/patients-visitors/insurance-financial/credit-collections-policy>.

Relationship of the Emerson Hospital Uninsured Patient Discount and Financial Assistance Policy with the Massachusetts Health Safety Net (HSN)

The Commonwealth of Massachusetts maintains a safety net program that provides some coverage at a MA Acute Care Hospital for Massachusetts residents with MassHealth MAGI up to 300% of the FPG who do not qualify for MassHealth (Medicaid). Full HSN coverage is available through 150% of the FPG and Partial HSN is

available from 150% through 300% of the FPG. This coverage may be secondary to other insurance (Medicare, Medicaid or Commercial) and functions as a safety net for patients designated as Low Income per Massachusetts regulations. All Medically Necessary Services are available to these patients at either no charge (Full HSN) or after they meet an annual deductible (Partial HSN).

Emerson Hospital and designated hospital-based physician practices participate in this coverage and comply with all aspects of the HSN regulations. Coverage generally excludes copayment amounts determined by a primary insurance coverage except that copayments for Medicare or Medicare replacement plans are included.

The HSN also includes three additional programs (Confidential Services to Adults, Confidential Services to Minors and Medical Hardship) which are available to patients. Participation in these programs are typically facilitated by a Financial Counselor at the hospital. HSN's Medical Hardship program is available to Massachusetts residents at higher income levels. Patients are encouraged to apply for this program when their out-of-pocket costs for medical care are a major portion of their income, generally more than 30% of their household income. Applications must be initiated by a Financial Counselor at an acute care hospital. Each application can include medical expenses incurred within the prior twelve (12) months of filing an application with a limit of three (3) applications in any year. All balances continue to be considered a valid self-pay balances until HSN approves the application. This does not convey general coverage in the HSN program. Patients will typically be informed of the program when they call a Financial Counselor when they have large balances and are concerned about paying their bills. Some limited proactive outreach is done by both Financial Counselors, for large inpatient balances, and Collections Representatives, for large Guarantor balances. Financial Counselors counsel all patients who either contact them or are referred to them regarding the applicability of the program and work with the patient to complete the application and submit it to the HSN.

Patients whose only coverage is MassHealth Limited and/or HSN are generally considered to be Uninsured since those programs do not function per standard insurance coverage rules. Balances due to Emerson Hospital as part of a Partial HSN deductible are eligible for the Uninsured Patient Discount.

Individual Consideration

Patients are encouraged to bring their unique financial situations to the attention of Financial Counseling or to the Patient Accounts Department. Emerson Hospital may, in accordance with its Credit & Collections Policy, extend discounts beyond the other provisions in this policy on a case-by-case basis to recognize unique cases of financial hardship.

Publication and Dissemination of the Patient Discount and Financial Assistance Policy

Patients, guarantors and other members of the public may obtain a copy of this policy (as well as the Plain Language Summary), the Credit and Collection Policy, and the AGB Description free of charge by any of the following methods:

- **Hospital Website:**
Patient Discount and Financial Assistance Policy, Plain Language Summary and AGB Description
<https://www.emersonhospital.org/patients-visitors/insurance-financial/financial-assistance>
Credit & Collections Policy

<https://www.emersonhospital.org/patients-visitors/insurance-financial/credit-collections-policy>

- **In Person:** Paper copies will be available at all Emerson Hospital practice locations as well as the Hospital located at 133 Old Road to 9 Acre Corner, Concord, MA 01742.
- **By Mail:** The public may request to receive a copy by mail by calling Emerson Hospital Financial Services at 978-287-3432 between 8 a.m. and 5 p.m., Monday through Friday.
- **On-Site Communication:** The Plain Language Summary and brochures that advertise the availability of Emerson Hospital financial assistance options are displayed in practices and the Emergency Department. Notices regarding these policies will be posted in registration areas and other high traffic areas.
- Patient financial counseling resources are available for any patient who requests assistance, has specific questions, or wants a paper application. Materials, including the policy, application form, and plain language summary, are available in English and other languages as required by regulation.
- Hospital community program staff are educated about the FAP, and are instructed to inform and notify their community constituents of the availability of financial assistance at Emerson Hospital.