



Springfield
Medical Care Systems, Inc.

Where People Come First

FINANCIAL ASSISTANCE POLICY

I. OVERVIEW:

Springfield Medical Care Systems (SMCS) is a non-profit healthcare corporation serving portions of Windsor and Windham Counties, Vermont and portions of Sullivan and Cheshire Counties, New Hampshire. SMCS operates the SMCS Community Health Center (CHC) network which provides primary and preventative care at community health center locations dispersed throughout the service area. A subsidiary of SMCS, Springfield Hospital, (with campuses in Springfield and Bellows Falls, VT) provides acute care services, including mental health, and also operates specialty physician practices.

SMCS is committed to meeting the needs of the residents of its defined service area regardless of insurance status or ability to pay. Under no circumstances would SMCS withhold emergent medical care to any individual based upon insurance status, ability to pay, or any other criteria.

II. SCOPE AND PURPOSE:

- A. To specify the criteria for identifying individuals that are eligible to receive services rendered by SMCS either free of charge (i.e.: 100% discount) or at partially discounted rates.
- B. Patients qualifying under the Financial Assistance Policy (FAP) will be exempt from liability for the determined discount.
- C. The FAP applies Federal Poverty Guidelines, updated annually, adjusted for household size, to identify patients with a documented inability to pay for either the entirety or for a portion of the services rendered. Individuals that receive a partial discount are liable for balances not discounted and will be subject to collection efforts by SMCS for the balance due after discount.
- D. The FAP does not apply to elective or cosmetic services or services that are not medically necessary. Patients are encouraged to inquire prior to the rendering of services as to whether or not a service qualifies for the FAP.

4. Patient accounts may be sent to a collection agency for unpaid balances greater than 120 days and the patient has not applied for financial assistance.
 5. Credit bureau reporting can begin for unpaid balances greater than 240 days or for incomplete financial assistance applications.
- E. Applicants may qualify for financial assistance under the following circumstances.
1. Federal Poverty Guidelines: The patient's and/or guarantor's income is equal to or less than the current approved SMCS income poverty guidelines included in the attachments to this policy and there are no other assets available to the patient which could be used in the settlement of Springfield Hospital charges only. A principal residence generally would not be considered an available asset in this regard. Springfield Hospital allows savings of up to \$10,000 for burial expense.
 2. Medicare Beneficiaries: Deductibles and coinsurances due from Medicare beneficiaries can be eligible for discount under the FAP assuming the patients submits an application and qualifies.
 3. Medicaid Beneficiaries: Coinsurances due from Medicaid beneficiaries qualify for FAP. A Medicaid beneficiary need not complete a FAP application in order for coinsurances to qualify.
 4. Extenuating Circumstances: Accounts that fall outside of the established SMCS guidelines but involve extenuating circumstances can be approved by the Director of Patient Business Services in consultation with the Chief Financial Officer.
- F. A patient who applies for financial assistance will receive a written notice of the determination of SMCS within 30 days of submission of the written application and all required supporting documentation.
- G. Once SMCS determines the patient to be eligible for financial assistance, this determination MAY be in effect for 1 year from the date of the initial determination. If approved for financial assistance, any and all changes regarding income, insurance status, family size, etc. must be reported to SMCS.
- H. SMCS shall not discriminate on the basis of race, color, national origin, ethnicity, religion, creed, sex, sexual orientation or age (for any persons beyond the age of majority) in its application of policies concerning the acquisition and verification of financial information, and eligibility for financial assistance.
- I. The patient and/or guarantor must cooperate fully with SMCS to explore and obtain all possible alternative insurance coverage. The patient and/or guarantor are encouraged to maintain coverage through, New Hampshire Medicaid or Vermont Medicaid.

V. DOCUMENTATION AND AUDIT:

1. Each financial assistance application shall be accompanied by patient documentation of all efforts made by SMCS to determine eligibility.
2. Financial Assistance application documentation shall be kept on file for a period of 5 years. After 5 years all paperwork will be permanently destroyed.

VI. DECISION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE:

Patient Business Services will make the initial determination of eligibility for financial assistance using the above policy. This information will be recorded in writing in the appropriate section of the application forms.

Patient Financial Counselors will submit any applications for extreme hardship that fall outside the guidelines to the Director of Patient Business Services and/or the SMCS Chief Financial Officer to make the final determination on eligibility. An attestation may need to be provided by the applicant.

ATTACHMENT C - SMCS DENTAL DISCOUNT SCHEDULE

TIER ONE											
Fam #	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG		More Than Patent Pays 100%
	From Patent Pays \$10.00	To	From Patent Pays 25%	To	From Patent Pays 50%	To	From Patent Pays 75%	To	Patent Pays 100%		
1	0	\$ 12,140.00	\$ 12,141.00	\$ 15,175	\$ 15,176	\$ 21,245	\$ 21,246	\$ 24,280	\$ 24,281		
2	0	\$ 16,460.00	\$ 16,461.00	\$ 20,575	\$ 20,576	\$ 28,805	\$ 28,806	\$ 32,920	\$ 32,921		
3	0	\$ 20,780.00	\$ 20,781.00	\$ 25,975	\$ 25,976	\$ 36,365	\$ 36,366	\$ 41,560	\$ 41,561		
4	0	\$ 25,100.00	\$ 25,101.00	\$ 31,375	\$ 31,376	\$ 43,925	\$ 43,926	\$ 50,200	\$ 50,201		
5	0	\$ 29,420.00	\$ 29,421.00	\$ 36,775	\$ 36,776	\$ 51,485	\$ 51,486	\$ 58,840	\$ 58,841		
6	0	\$ 33,740.00	\$ 33,741.00	\$ 42,175	\$ 42,176	\$ 59,045	\$ 59,046	\$ 67,480	\$ 67,481		
7	0	\$ 38,060.00	\$ 38,061.00	\$ 47,575	\$ 47,576	\$ 66,605	\$ 66,606	\$ 76,120	\$ 76,121		
8	0	\$ 42,380.00	\$ 42,381.00	\$ 52,975	\$ 52,976	\$ 74,165	\$ 74,166	\$ 84,760	\$ 84,761		
TIER TWO											
Fam #	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG		More Than Patent Pays 100%
	From Patent Pays 40%	To	From Patent Pays 50%	To	From Patent Pays 60%	To	From Patent Pays 80%	To	Patent Pays 100%		
1	0	\$ 12,140.00	\$ 12,141.00	\$ 15,175	\$ 15,176	\$ 21,245	\$ 21,246	\$ 24,280	\$ 24,281		
2	0	\$ 16,460.00	\$ 16,461.00	\$ 20,575	\$ 20,576	\$ 28,805	\$ 28,806	\$ 32,920	\$ 32,921		
3	0	\$ 20,780.00	\$ 20,781.00	\$ 25,975	\$ 25,976	\$ 36,365	\$ 36,366	\$ 41,560	\$ 41,561		
4	0	\$ 25,100.00	\$ 25,101.00	\$ 31,375	\$ 31,376	\$ 43,925	\$ 43,926	\$ 50,200	\$ 50,201		
5	0	\$ 29,420.00	\$ 29,421.00	\$ 36,775	\$ 36,776	\$ 51,485	\$ 51,486	\$ 58,840	\$ 58,841		
6	0	\$ 33,740.00	\$ 33,741.00	\$ 42,175	\$ 42,176	\$ 59,045	\$ 59,046	\$ 67,480	\$ 67,481		
7	0	\$ 38,060.00	\$ 38,061.00	\$ 47,575	\$ 47,576	\$ 66,605	\$ 66,606	\$ 76,120	\$ 76,121		
8	0	\$ 42,380.00	\$ 42,381.00	\$ 52,975	\$ 52,976	\$ 74,165	\$ 74,166	\$ 84,760	\$ 84,761		

For families with more than 8 persons, add \$4,320 for each additional person

1/26/18