

V. DISTRIBUTION:

This policy shall be distributed hospital-wide. This policy shall also be posted conspicuously on the WDH website as set forth below.

VI. FILING INSTRUCTIONS:

This policy shall be filed in the **Leadership (LD)** section of the WDH policy manual and online. It supersedes any and all previous policies related to this subject.

DEFINITIONS

APPLICATION PERIOD: The period during which WDH/WDPC must accept and process an application ([Form # 8241-41A](#)) for financial assistance under this Policy in order to have made reasonable efforts to determine whether the individual is eligible for assistance. The application period begins on the date the care is provided to the individual and ends on the 240th day after WDH/WDPC provides the individual with the first billing statement for the care.

BAD DEBT: Unpaid patient balances remaining after 120 days of billing. These balances are transferred to a third party collection agency to pursue payment. For a full process reference, see [FSPA-05, Bad Debt and Collections](#).

CERTIFIED APPLICATION COUNSELORS (CACs): Formally trained assistance personnel available to offer guidance and education to the public in regards to the Marketplace.

EFFECTIVE DATES: The span of time a patient is covered through the Financial Assistance Program. Effective Dates begin on the earliest date of service that a patient has an outstanding balance during the Application Period, and can be valid up to one year.

ELECTIVE SERVICES: Procedures or treatments that are not Medically Necessary Services, including but not limited to: breast augmentation, acupuncture, vasectomies, vasectomy reversal, tubal ligation, reverse tubal ligation, abdominoplasty, cosmetic surgery or infertility treatment.

For these non-covered services, individuals who are otherwise eligible for financial assistance under this Policy will receive a discount equal to Amounts Generally Billed. Discount processes are outlined in [FSPA-10 Self Pay Discount policy](#). A free copy of Policy FSPA-10 may be obtained by calling the WDH Billing Office at (855) 762-5219.

HOUSEHOLD SIZE: WDH determines household size based on the total number of Dependents claimed on the most recently filed Federal Income Tax Return. If the applicant was claimed as a Dependent on another individual's most recent Federal Income Tax Return, that individual's information, and any other claimed Dependents' information, will be required on and with the application.

MEDICALLY NECESSARY SERVICES:

- (1) For patients under age 21, health care services reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and no other equally effective course of treatment is available or suitable for the patient requesting a medically necessary service; and
- (2) For patients age 21 and over, health care services that a licensed health care provider, exercising prudent clinical judgment, would provide, in accordance with generally accepted standards of medical practice, to a patient for the purpose of evaluating, diagnosing, preventing, or treating an acute or chronic illness, injury, disease, or its symptoms, and that are:

- a. Clinically appropriate in terms of type, frequency of use, extent, sit, and duration, and consistent with the established diagnosis or treatment of the patient's illness, injury, disease, or its symptoms;
- b. Not primarily for the convenience of the patient or the patient's family, caregiver, or health care provider;
- c. No more costly than other items or services which would produce equivalent diagnostic, therapeutic, or treatment results as related to the patient's illness, injury, disease, or its symptoms; and
- d. Not experimental, investigative, cosmetic, or duplicative in nature

NOTIFICATION PERIOD: The period during which WDH/WDPC must notify an individual about this Policy in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance. The notification period begins on the first date care is provided to the individual and ends on the 120th day after WDH/WDPC provides the individual with the first billing statement for the care.

SERVICE AREA: The geographical designation from which an applicant must be a resident in order to be eligible for Dental Center Benefits through the Financial Assistance Program. These areas include: Barrington, NH; Dover, NH; Durham, NH; Lee, NH; Madbury, NH; Rollinsford, NH; Somersworth, NH; Berwick, ME; South Berwick, ME. For WDH and WDPC services, residency does not apply.

PROCEDURE

It is the responsibility of the patient, family, or guarantor to complete the Financial Assistance application.

The policy will be overseen by the Director of Revenue Cycle Operations and the Financial Clearance Managers. WDH adheres to the New Hampshire Health Access Network (NHHAN) Financial Assistance guidelines which may allow applicants to have Financial Assistance with other NH participating hospitals.

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

A. Summary of Eligibility Criteria

Patients must have a balance and/or be scheduled for services in order to apply for financial assistance. Financial assistance adjustments are taken after insurance claim adjudication, if applicable.

Dental Center. For the Dental Center, an individual's gross annual household income must be no greater than 300% of the federal poverty guidelines published by the Department of Health and Human Services; applicants must qualify for Financial Assistance and live in the service area or be a patient of WDPC.

Income. An individual's gross annual household income must be no greater than 250% of the federal poverty guidelines published by the Department of Health and Human Services in order for that individual to be eligible for financial assistance under this Policy. Patients who have balances exceeding the Income limit and whose out of pocket balance is 25% or greater of their annual household income, will be considered at the time of appeal for some financial assistance.

Income Guidelines ([See Attachment 3](#))

- o Types of income included:
 - i. Alimony.
 - ii. When dividends are noted on a tax return, the source of the dividends should be requested along with a recent market value statement.
 - iii. Stipend: Income received for caring for foster children or disabled adults living in applicant's home.
 - iv. All social security benefits.
 - v. Receipt of payment of \$600 or more ("Other income").
 - vi. Employment.
 - vii. Self-Employment / Business Income.
 - viii. Child support.
 - ix. Pensions.
 - x. Annuities/Retirement Income.

- xi. Rental Income.
- xii. Interest Income.

- o Types of income not included:
 - i. Credit card advances and Home Equity Loans because they have to be repaid.
 - ii. Value of food stamps, fuel assistance, electricity assistance, etc. because none of these can be used to pay medical bills.

- o Methods for calculating household income.
 - i. Gross monthly income.
 - 1. To calculate monthly income:
 - o Take average weekly gross income – multiplied by 52 – divided by 12
 - o Take average bi-weekly gross income – multiplied by 26 – divided by 12
 - o *Self Employed-Net Income and add back any amounts above the sheltered limits (advertising, depreciation, business use of home, meals and entertainment)..*

 - ii. Gross yearly income
 - 1. To calculate yearly income:
 - o Take average weekly gross income – multiplied by 52
 - o Take average bi-weekly gross income – multiplied by 26
 - o *Self Employed-Net Income and add back any amounts above the sheltered limits (advertising, depreciation, business use of home, meals and entertainment).*
 - o Special Circumstances for Income (Seasonal employment, unemployment, new job, newly self-employed)
 - i. Letter from employer may be required to validate the special circumstance that would alter the income calculations as defined above.

Liquid Assets. An individual whose Liquid household assets exceed the limits set forth below is not eligible for financial assistance under this Policy.

Liquid Asset Guidelines

For a household of 1, those with a Combined Asset Limit of \$15,000 or more are not eligible for financial assistance.

For a household greater than 1, the Combined Asset Limit is \$30,000

- o Type of Liquid Assets Included:
 - i. Bank Accounts (Checking/Savings).
 - ii. Certificate of Deposit (CDs).
 - iii. Money Markets.
 - iv. Stocks / Bonds/Mutual Funds.
 - v. Trusts.
 - vi. Gambling winnings.
 - vii. Capital gains.

- viii. Inheritances.
- ix. Retirement account(s) currently being contributed to.
- o Other Non-liquid Assets:
 - i. Additional Properties
- o Type of Assets Not Included:
 - i. Primary Residence.
 - ii. Retirement account(s) not currently being contributed to.

Public Assistance Programs (State Medicaid)

- a. If an applicant would meet criteria to apply for a state Medicaid program that is contracted with WDH, proof of denial is required before a Financial Assistance Application will be processed. Contracted state Medicaid programs can be found on the Hospital's website: www.wdhospital.org.
- b. If a patient is already approved for Financial Assistance but becomes eligible to receive State Medicaid in a state that is contracted with WDH, Financial Assistance will be discontinued and the patient will be required to follow the Medicaid application process.

Liability-Related Accounts Will Not Be Considered For Financial Assistance

The following will not be considered in the calculation of income or assets:

- a. Workers compensation.
- b. Auto with medical payment or any other potential sources must be exhausted before any Financial Assistance will be awarded.
- c. Any lawsuit where expected compensation could be related to services rendered.

APPLICATION PROCESS

Financial Assistance policy and application ([8241-41A](#)) are offered and available at each check-in location at WDH. When a patient, family or guarantor requests Financial Assistance information, he/she will be given a Financial Assistance application. Financial Assistance applications are available at the time of registration or in the Financial Assistance Office and all Wentworth-Douglass Physician Cooperation offices. Applications are available on the Hospital Website: www.WDHospital.org or patients can call and request an application be mailed to their home. Financial Assistance Representatives are available to help with filling out the application over the phone or in person at the Financial Assistance Office.

Patients can apply for financial assistance any time during the Application Period. The Application Period begins with the first day care is provided and ends on the 240th day after the first billing statement is sent after discharge. [Affordable Care Act, Section 501(r)(6)]

If a patient's account(s) is in Bad Debt when the Financial Assistance application is received, a Financial Assistant Representative will contact the collection agency to place the claim(s)

on hold. No further collection attempts will be made until the application is processed. If approved, the account(s) will be recalled from bad debt and balances will be written off to Financial Assistance. If the application is denied, the collection agency will be informed to remove the hold from the account(s) and continue attempts for collection.

The Financial Assistance application consists of a cover letter and a two page application. The application covers all household members. (Household members are determined by the total dependents on a previous year's tax return.)

All applications for WDH and WDPC Financial Assistance are reviewed for eligibility in the NH Health Access Network (NHHAN). The New Hampshire Health Access Network (NHHAN) is a group of hospitals, doctors and other health care providers in New Hampshire that work together to help children and adults when they can't afford the health care they need. If approved for NHHAN as well as WDHS Financial Assistance, a separate approval and card will be issued. (See Attachment 6) Patients who present a valid NHHAN card will be covered under this policy for medically necessary services rendered by WDH/WDPC.

FINANCIAL ASSISTANCE DETERMINATION

All applicants will receive a determination letter in the mail within 30 days of Application submission. The letter will specify if the patient has been approved or denied for Financial Assistance, and list Effective Dates of coverage for approvals and/or reasons for denials.

Applicants can be approved up to 12 months from the date of application.

A. Approvals

1. WDH/WDPC

- a. If approved for financial assistance, 100% coverage for emergency and other Medically Necessary Services.

2. Dental Center

- a. A \$35 flat rate visit fee is required before services are rendered for all self-pay patients. The flat rate visit fee is collected at each visit.
- b. Some services will require additional out of pocket expenses (i.e.: Dentures, Crowns). Balances for these services should be adjusted using the below methods:
 - i. 50% of cost is required at the initial visit and the remaining 50% is due by the final appointment/fitting.

B. Denials

1. Applicants may be denied for the following reasons:
 - a. Over Income.
 - b. Over Asset.
 - c. Missing Documentation required to process application.
 - d. No balances or scheduled appointments to be considered for financial assistance.
 - e. Meet the criteria to apply for State Medicaid.

C. Appeals Process

1. In the event a patient is determined not eligible after a review of all hardship and financial criteria, the patient will be advised that they may appeal the decision to the hospital's Vice President of Finance/CFO. The patient may request an appeal in writing by sending their request to the hospital's CFO. The letter of appeal must be submitted within 30 days from denial date.
2. The Appeal review is completed by the Vice President of Finance/CFO or Designee, the Financial Clearance Manager or a Financial Assistance Representative. It will take place within thirty (30) calendar business days of receiving the Appeal Letter and the patient will be advised of the final decision, in writing, immediately thereafter.
3. The Vice President of Finance/CFO or designee may modify eligibility requirements, on a case by case basis, at the time of appeal based on extraordinary circumstances.

IV. PUBLICATION OF THIS POLICY

This Policy, the application form for financial assistance and a brief summary of this Policy shall be posted on the WDH web site in a manner that permits individuals to easily access, download, and view and print a copy at no charge. Individuals shall not be required to create an account or provide personally identifiable information as a condition of accessing or printing a copy of such information. WDH will provide to individuals, upon request, information on how to access a copy of the above documents online, including a direct website address where the documents are posted. WDH shall provide public notice annually on its website after Federal Poverty Guidelines promulgated by the Department of Health and Human Services are published in the Federal Register.

Patients will be offered a copy of this policy at the time of registration. Paper copies of this Policy, the application form for financial assistance, and a plain language summary of this Policy shall be provided via mail without charge upon request, and shall be available at various locations throughout WDH.

WDH shall inform patients and visitors about this Policy by:

1. Offering paper copies of the plain language summary to patients as part of the intake or discharge process;
2. Including a conspicuous written notice on billing statements that informs recipients about the availability of financial assistance under this Policy and includes the telephone number of the department that can provide information about this Policy, the application process, and the direct website address (or URL) where copies of this Policy, the application form for financial assistance, and the plain language summary may be obtained; and
3. Setting up conspicuous public displays that inform patients about this Policy in public locations in the hospital facility, including the emergency department and admissions areas.

WDH shall also notify residents of the community about this Policy in a manner reasonably calculated to reach those who are most likely to require financial assistance (e.g. by providing information to social service agencies).

Any public distribution of information about this Policy shall be in English and in the primary language of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5 percent of the residents of the community.

V. **PRACTITIONERS COVERED BY PROGRAM**

All Wentworth Health Partners providers will comply with this Financial Assistance Policy. A list of Wentworth Health Partners providers is available via online at <https://wdhospitalinternal.org/whp>.

PROCESS FOR REVIEWING PAPER APPLICATIONS**A. APPROVALS**

1. Application is received.
2. FA Representative fills out Cover Sheet for the applicant.
3. FA Representative notes "Application received" in patient's medical record.
4. Application is assessed for FA Eligibility and determined Approved.
5. FA Representative generates Approval Letter and/or Card, signs and mails to patient.
6. Patient Application Packet is scanned into patient's medical record, along with a copy of the Approval Letter and/or Card.

B. DENIALS

1. Application is received.
2. FA Representative fills out Cover Sheet for the applicant.
3. FA Representative notes "Application received" in patient's medical record.
4. Application is assessed for FA Eligibility and determined Denied.
5. FA Representative generates Denial Letter with reason, signs and mails to patient.
6. Patient Application Packet is scanned into patient's medical record, along with a copy of the Denial Letter.



Financial Assistance Program: Policy Summary

ASSISTANCE OFFERED UNDER THIS POLICY:

Wentworth-Douglass Hospital and Wentworth-Douglass Physician Corporation patients approved for Financial Assistance receive 100% coverage for emergency and other medically necessary services. Dental Center patients are required to pay a flat \$35 visit fee before receiving dental services at each visit. Some dental services will require additional out-of-pocket expenses. Financial assistance adjustments are taken after insurance claim adjudication, if applicable.

Elective procedures will not be covered under financial assistance. For these non-covered services, individuals who are otherwise eligible for financial assistance under this Policy will receive a discount equal to amounts generally billed.

HOW TO APPLY or OBTAIN COPIES OF POLICY & APPLICATION

Financial Assistance Representatives are available to assist with any questions regarding the Financial Assistance Application Process and/or Policy.

**All Financial Assistance documents are available in English, Spanish and Indonesian*

IN PERSON: Paper copies are available at Wentworth-Douglass Hospital & Wentworth-Douglass Physician Corporation Practices, as well as the Financial Assistance Office: Wentworth-Douglass Business Systems Building, 121 Broadway Avenue, Dover, NH 03820. *Office Hours:* Monday-Friday 8:00am – 4:00pm

ONLINE: Electronic Copies are available to the public free of charge, to view and/or print, on the Hospital Website: www.WDHospital.org.

BY MAIL: To request these documents be sent by mail, free of charge, call the Financial Assistance Office at (603) 740-3234.

Basic Eligibility Guidelines: Effective 4/1/19

Income: See chart below for income eligibility guidelines.

Wentworth Douglass Hospital Financial Assistance Income Guidelines			
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	WDH/WHP GROSS ANNUAL INCOME GUIDELINES 250% x FPL	DENTAL CENTER INCOME GUIDELINES 300% x FPL
1	\$12,490	\$ 31,225.00	\$ 37,470.00
2	\$16,910	\$ 42,275.00	\$ 50,730.00
3	\$21,330	\$ 53,325.00	\$ 63,990.00
4	\$25,750	\$ 64,375.00	\$ 77,250.00
5	\$30,170	\$ 75,425.00	\$ 90,510.00
6	\$34,590	\$ 86,475.00	\$ 103,770.00
7	\$39,010	\$ 97,525.00	\$ 117,030.00
8	\$43,430	\$ 108,575.00	\$ 130,290.00
Add additional \$4,420 for any family members over 8			
* Figures obtained from Federal Register *			

Assets: Individual household limit is \$15,000. Household greater than one, limit is \$30,000.

Wentworth Douglass Hospital 2019			
Financial Assistance Income Guidelines			
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	WDH/WHP GROSS ANNUAL INCOME GUIDELINES 250% x FPL	DENTAL CENTER INCOME GUIDELINES 300% x FPL
1	\$12,490	\$ 31,225.00	\$ 37,470.00
2	\$16,910	\$ 42,275.00	\$ 50,730.00
3	\$21,330	\$ 53,325.00	\$ 63,990.00
4	\$25,750	\$ 64,375.00	\$ 77,250.00
5	\$30,170	\$ 75,425.00	\$ 90,510.00
6	\$34,590	\$ 86,475.00	\$ 103,770.00
7	\$39,010	\$ 97,525.00	\$ 117,030.00
8	\$43,430	\$ 108,575.00	\$ 130,290.00
Add additional \$4,420 for any family members <u>over 8</u>			
* Figures obtained from Federal Register *			
https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines			
Annual Update of the HHS Poverty Guidelines- Pages 1167-1168 [FR DOC # 2019-00621]			

FA Application Cover Page
Wentworth Douglass Hospital & Wentworth Health Partners
Phone: 603-740-3234

Mail Application to:
789 Central Avenue Dover NH 03820
ATTN: Financial Assistance Office

In Person Assistance:
Wentworth-Douglass Business Systems
121 Broadway Avenue Dover NH 03820

Dear Applicant:

You may be able to get financial help from Wentworth Douglass Hospital & Wentworth Health Partners and possibly other healthcare organizations.

How to Apply

To find out if you or your household qualifies, you must complete the application and provide proof of income, and copies of the following documents:

Documentation that must be submitted with your application	Included	Not Applicable
1. Complete copy of your most recent Federal Income Tax Return (1040 Form) and all supporting schedules, including last year's W-2 form(s) <i>a. If you did not file a tax return, you will be asked to sign a 4506T Form, which allows us to contact the IRS to verify a tax return was not filed</i>		
2. Copies of the three (3) most recent, consecutive paycheck stubs or a statement from employer on company letterhead		
3. If Self Employed, 12 months profit and loss statement required		
4. If you do not have an income, you will be asked to sign a No Income and Support Proclamation Form, which we require in order to process your application		
5. Copies of three (3) most recent bank statements (e.g., savings, checking, money market, IRA, 401K, etc.) <i>a. If you do not have a bank account(s), you will be asked to sign a No Bank Account Proclamation Form, which we require in order to process</i>		
6. Copies of unemployment or disability compensation benefits (include start date)		
7. Copies of pension benefits		

8. Copy of Social Security income (yearly benefit statements, copy of check or direct deposit)		
9. Copy of Food stamp allocation		
10. Copies of Government Assistance Notices, including Department of Health and Human Services Spend Down & Deductible letters. <i>a. If no notice is available, you will be asked to sign an Authorization Form for the Department of Health and Human Services, which allows us to get the notice from the Department of Health and Human Services</i>		
11. Copy of Worker’s Compensation (indicate date of injury)		
12. Copies of Child support paid and/or received		
13. If you are married but have separated from your spouse, a copy of your legal separation document is required <i>b. If you did not go through the court system for your separation, you will be asked to provide notarized statements of separation and/or lease agreements</i>		

****PLEASE SEND COPIES OF ANY APPLICABLE DOCUMENTATION ****

Documents are NOT returned to applicants; they are scanned and securely destroyed.

Please note that elective procedures may not be considered for assistance

Please use this checklist to be sure we have all the information needed to quickly and correctly process your application. We may ask you for additional information, so please verify that the contact information you have listed is accurate.

The information you provide is confidential.

You will continue to be financially responsible for any services you receive until we have learned whether you qualify for help.

If you have not heard from us in 30 days after returning your application, or you need help in understanding it, please call our Financial Assistance Office at (603) 740-3234 and one of our representatives will assist you.

[To view Wentworth-Douglass Hospital's Financial Assistance policy, go to www.wdhospital.org: Patient Services/](http://www.wdhospital.org/Patient%20Services/)

FA DETERMINATION LETTER APPROVED



WENTWORTH-DOUGLASS HOSPITAL
WENTWORTH HEALTH PARTNERS
FINANCIAL ASSISTANCE

Mailing Address: 789 Central Avenue, Dover NH 03820
In Person: Wentworth-Douglass Business Systems, 121 Broadway, Dover NH

Phone: 740-3234

«PATIENT_NAME»

«ADDRESS»

«CITY», «STATE» «ZIP»

It is my pleasure to inform you that based on the information you provided; you have been approved for a **100%** reduction of the cost of services provided by Wentworth-Douglass Hospital & Wentworth Health Partners. Wentworth Douglass Community Dental Center Patients, are required to pay a co pay at each visit.

Please Note: If you have Dental Insurance Coverage or reside outside of the demographic service area, you will not be eligible for services with the Community Dental Center.

Your original application and documentation have been scanned into our system.

If you are disabled or you become disabled or are age 65 or older, you may be required to apply for Medicaid anytime during your eligibility span.

Financial Assistance will not cover any elective procedures or liability-related procedures (for example, procedures subject to worker's compensation claims).

If you are receiving statements after the date of this letter, it is your responsibility to inform us by contracting our office at 740-3234. We will not automatically process all patient balances without notification.

Please be advised

- Enclosed you will find your Financial Assistance Award Card.
- It is your responsibility to present this card to your provider at the time of service.**
- The attached Financial Assistance Award Card contains a date of expiration. Once the Card has expired, it is your responsibility to reapply for assistance.
- Emergency department physicians, radiologists, pathologists, anesthesiologists and consulting physicians will bill you separately for their services, if provided. If you have any questions regarding bills from these providers, please contact them directly. This Financial Assistance decision is not honored by all of these physicians. It is your responsibility to provide this information to any physician or medical provider.**

Sincerely,

Representative Name

Family Resource Representative

Financial Assistance Office
Phone # 603-740-3234

SAMPLE CARD	
	
Wentworth Douglass Hospital Wentworth Health Partners	
Financial Assistance Program Plan 100 789 Central Avenue, Dover NH 03820	
Authorized Signature:	Phone: 603-740-3234
Patient Name:	MR #
Effective Date:	Valid through:



Name: _____

End Date: _____ **Level:** _____

Issuing Org: _____

Telephone No. & Ext: _____

Authorized Signature: _____

***Name of Insurance:** _____

FA DETERMINATION LETTER DENIED

Wentworth Douglass Hospital &
Wentworth-Douglass Physician Corporation
Mailing Address: 789 Central Avenue
In Person: WD Business Systems, 121 Broadway

Dover NH 03820

ATTN: Financial Assistance Office
603-740-3234

Date:

MR#

Thank you for taking the time to apply for financial assistance. Unfortunately, your application has been denied.

Your original application and documentation have been scanned into our system.

YOUR APPLICATION IS BEING DENIED FOR THE FOLLOWING REASONS

❖ Need

Based on this determination, your medical bills are your responsibility. If your circumstances change, you may reapply for financial assistance.

If you wish to appeal this decision you may do so in writing to the Vice President of Finance/CFO at Wentworth-Douglass Hospital - 789 Central Avenue - Dover NH 03820. Appeal must be received within 30 days from date of this denial.

In the meantime, please feel free to contact Patient Accounts to discuss payment options. Patient Accounts Department can be reached at 1-855-762-5219.

Sincerely,

Representative Name
Family Resource Representative
Phone # 603-740-3234