

Last Revised:	10/21/2024
Last Approved:	1/8/2025

Patient Financial Assistance

Purpose:

NeighborHealth (the “Center”), developed this policy to identify and assist qualifying low-income, uninsured and under-insured, persons with enrollment in health insurance plans or financial assistance programs to cover healthcare expenses and ensure timely and appropriate access to medically necessary care.

Policy Statement:

It is the policy of NeighborHealth, in partnership with Boston Medical Center, to provide medically necessary care to all patients, regardless of their ability to pay, and to offer financial assistance to those who are uninsured or under-insured and cannot pay. All patients who present to NeighborHealth and require emergent or urgent services, or other medically necessary care, shall be treated regardless of race, color, religion, creed, sex, national origin, age, disability, gender identity or expression, or ability to pay.

NeighborHealth offers financial assistance to all low-income, uninsured or under-insured, patients who demonstrate an inability to pay for all, or some portion of, charges normally due. Patients with no financial ability to pay will be screened for eligibility under Medicaid or other state programs, Qualified Health Plans, or will be evaluated against pre-established guidelines to determine eligibility for assistance under the Center’s Sliding Fee Discount Program (SFDP). The Sliding Fee Discount Program outlines all circumstances under which patients may qualify for free or discounted care. The level of discount is determined by the individual’s household income and family size as specified in the SFDP eligibility guidelines.

Information about the Center’s offering of financial assistance programs is made available to patients when registering for services and when receiving a bill. All patients may be considered for financial assistance at any time during the billing and collection cycle. A patient determined eligible for the NeighborHealth’s Sliding Fee Discount Program will never be charged more than Amounts Generally Billed for the delivery of medically necessary services, nor will the Hospital seek to qualify a patient for free or reduced care under the Sliding Fee Discount Program for the purpose of generating business payable under a federal health care program or to influence a beneficiary's selection of a particular provider, practitioner, or supplier.

The Finance Committee of the Board of Trustees of NeighborHealth reviewed and approved this policy. Information about the Financial Assistance Policy and financial assistance program, including the Plain Language Summary, (Attachment A), the NeighborHealth Sliding Fee Discount Program Application Form, or copies of this policy and Sliding Fee Discount Program documents may be obtained:

- In any patient registration area within NeighborHealth
- By calling the Patient Services Department at 617-568-4600

NeighborHealth Policy and Procedure

- By visiting the Center's website at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/> for review or download
- By submitting a written request for copies by mail to:
 - NeighborHealth
Attention: Patient Services Department
10 Gove Street
East Boston, MA 02128

Application:

The Financial Assistance Policy applies to the following NeighborHealth locations:

- NeighborHealth/East Boston, 10 Gove Street, Boston, MA 02128
- NeighborHealth/East Boston, 20 Maverick Square, Boston, MA 02128
- NeighborHealth/East Boston, 79 Paris Street, Boston, MA 02128
- NeighborHealth/South End, 1601 Washington Street, Boston, MA 02118
- NeighborHealth/South End, Hass Center, 400 Shawmut Ave, Boston, MA 02118
- NeighborHealth/Winthrop, 17 Main Street, Winthrop, MA 02152

Exceptions:

While NeighborHealth is committed to helping patients with limited income and resources apply for available programs to cover the cost of care, the Financial Assistance Policy is limited to covering Emergency Services, Urgent Services, and other Medically Necessary care. Generally, expenses excluded from discounts under the CCP include:

- Motor vehicle claims, third party liability claims, fixed fee services, contracted rates, and other non-medically, necessary services or other services where other discounts have already been applied in the charge.

Definitions:

Affordable Care Act, (ACA) – The comprehensive health care reform law, enacted in March 2010 (sometimes known as ACA or Obamacare) that serves: to make affordable healthcare available to more persons by providing subsidies (“premium tax credits”) that lower costs for households with incomes between 100% and 400% of the federal poverty limit; to expand state Medicaid programs to cover all adults with income 138% of the federal poverty level; and to support innovative medical care delivery methods, designed to lower the costs of health care generally.

Certified Application Counselor (CAC) - An individual (affiliated with a designated organization) who is trained and able to help consumers, small businesses, and their employees review ACA compliant, health coverage options, offered through the Health Insurance Marketplace, and assist with the determining eligibility and completing enrollment forms.

Elective Services - Medically necessary services that do not require care or treatment from an emergency department or acute hospital for medical stabilization, and therefore, do not meet the definition of emergent or urgent services. The patient typically, but not exclusively, schedules such services in advance.

Emergency 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 or omission of prompt medical attention could reasonably be expected to adversely affect the condition or health of the person, resulting in serious jeopardy, impairment, or dysfunction of any body part or bodily organ, 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). Emergent Services include 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.

EMTALA - Emergency Medical Treatment & Labor Act (EMTALA), a law enacted by Congress in 1986 to ensure public access to emergency services regardless of one's ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

Extraordinary Collection Actions (ECA) - Any actions taken by NeighborHealth (or any agent of NeighborHealth, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

Federal Poverty Guidelines (FPG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income and is used in determining a patient's eligibility for financial assistance under state Medicaid programs and NeighborHealth's Financial Assistance Policy.

Gross Charges – The full, established price for medical care that NeighborHealth consistently and uniformly charges all patients before contractual allowances, discounts, or other deductions are applied.

Health Safety Net (HSN) – The Health Safety Net is a financial assistance program that pays for certain medically necessary services provided to qualified, low-income patients at Massachusetts' community health centers (CHCs) and acute care hospitals. The HSN also pays CHCs and acute care hospitals for medical hardship expenses (when qualifying medical expenses exceed a

specified percentage of a family's income), and for some types of hospital bad debt. HSN was created to more equitably distribute the cost of providing uncompensated care to low-income, Massachusetts' residents through the offering free or discounted care across acute hospitals in the state. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for uninsured and underinsured patients with incomes under 300% the federal poverty level. It is the center's policy that all patients who receive financial assistance under the hospital's financial assistance policy includes the Health Safety Net services as part of the uncompensated care provided to low-income patients.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus, and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Medically Necessary - 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. However, a classification of Medically Necessary does not infringe or encompass the classification of Emergent Services or the EMTALA laws associated with that designation.

Other Services - Services whereby 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.

Primary Care Services - Health care services, customarily provided by general practitioners, family practitioners, general internists, general pediatricians, and primary care nurse practitioners or physician assistants. Primary Care Services do not require the specialized resources of an Acute Hospital, Emergency Department, and excludes Ancillary Services and maternity care services.

Qualified Health Plans - An insurance plan, certified by the Health Insurance Marketplace, that provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act.

Underinsured - The status of patient who has some form of health insurance that does not provide adequate financial protection, resulting in the patient's inability to cover out-of-pocket, health care expenses such as copays, coinsurance, and deductibles determined by the insurance provider and due from the patient for the delivery medical services.

Uninsured - The status of 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 Care 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. Urgent Care Services do not include Primary or Elective Care.

Procedures

I. Coverage for Health Care Services

NeighborHealth provides care to all patients requiring Emergency Services, Urgent Services, and other Medically Necessary services regardless of their ability to pay. In accordance with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements, the Center will conduct a medical screening examination for all patients who present at a NeighborHealth location seeking Emergency Services to determine whether an emergency medical condition exists. The treating medical professional will determine if emergency or nonemergency services are needed by assessing the level of care and treatment needed for each patient based on their presenting clinical symptoms and following applicable standards of practice.

- A. Eligibility for free or reduced care under the NeighborHealth Sliding Fee Discount Program applies to emergent, urgent, and primary care services. Eligibility determinations are generally made after service delivery and based upon the patient's financial status as determined by Federal Poverty Guidelines (FPG). (See Attachment C for FPG table). In no case does a patient's FAP-eligibility determination interfere with access to emergency care and that the hospital will provide emergency care regardless of FAP eligibility.
- B. Primary care services include medical care required for the maintenance of health and the prevention of illness. These services are generally scheduled in advance or may be scheduled on the same day by the patient or the health care provider.
 - a. Primary Care is customarily provided by general practitioners, family practitioners, general internists, general pediatricians, and care nurse practitioners or physician assistants and does primary not require the specialized resources of an Acute Hospital emergency department and may exclude Ancillary Services and maternity care services.
- C. NeighborHealth Sliding Fee Discount Program eligibility is applied consistently to all Emergency Services, Urgent Services, Primary Care Services, and other Medically Necessary care provided by the Center.

II. Financial Assistance and Program Eligibility

- A. NeighborHealth offers financial assistance through a Sliding Fee Discount to all qualifying Uninsured patients regardless of their ability to pay. However, if an

uninsured patient is unable to pay the remaining balance after the Self-Pay Discount is applied, the patient may request and apply for the NeighborHealth Hardship Waiver.

- a. If an Uninsured patient receives a Sliding Fee Discount and subsequently provides valid insurance coverage information for the encounter's date of service, then the Sliding Fee Discount will be reversed and NeighborHealth will bill the third party.
 - b. Services generally excluded from the Self-Pay Patient Discount:
 - i. Services provided by physicians who are independent contractors and bill privately for the care delivered rather than through NeighborHealth.
 - ii. Motor vehicle claims, third party liability claims, fixed fee services, contracted rates, other non-medically necessary services, and/or other services where other discounts have already been applied to charges are typically, but not explicitly, excluded from the Self-Pay Discount as Individual Consideration may be applied.
- B. Uninsured or Underinsured patients who demonstrate financial need for medical care are evaluated for eligibility and coverage based on consistent, pre-established guidelines determined by state Medicaid programs, Qualified Health Plans, and NeighborHealth's Sliding Fee Discount Program.
- C. Patients may request financial assistance at any time during pre-registration, registration, outpatient service, or throughout the course of the billing and collections cycle by requesting and submitting a completed application for financial assistance.
- D. A Certified Application Counselors, (CAC), is available in the Center's Patient Access Department to screen patients for program eligibility and provide in-person, enrollment assistance as needed. Items required to apply for the Charity Care Program:
- a. Completed application, signed by patient and patient's spouse if married, or by guarantor, (i.e. parent or guardian).
 - b. Proof of Residency
 - c. Proof of Identity
 - d. Proof of Household Income
 - i. Earned income
 - ii. Unearned income
 - iii. Rental Income
 - e. Statement of Support (if no income is reported)
 - f. Asset information, to include:
 - i. Bank statements
- E. All patients requesting financial assistance must first be evaluated for eligibility under public assistance programs or QHP specific to patient's state of residence.

- a. In Massachusetts, programs include, but are not limited to, MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net, and Medical Hardship.
 - b. Patients who qualify for a public coverage option must comply with the application process for that program and receive a denial before invoking additional benefits under the Charity Care Program.
 - c. The screening and application process for public health insurance is completed by Certified Application Counselors, (CACs), in the center. Applications may be completed and submitted on paper, by fax, or online through the State Health Insurance Exchange system (HIX).
- F. The Center's CACs may also assist patients in applying for Presumptive Eligibility to grant patients in special circumstances immediate access to covered services through MassHealth or Health Safety Net.
- i. The process of presumptive eligibility is completed by a CAC, who on the basis of the patient's self-attestation of financial information, will determine that patient meets the state's definition of Low-Income Patient and therefore will qualify patient for coverage under MassHealth or HSN.
 - ii. A designation of Presumptive Eligibility provides a limited period of eligible coverage, beginning on the date that the center's CAC makes the determination through the end of the following month. During a period of presumptive eligibility, patients are required to complete and submit a full application with required verifying documents to ensure ongoing coverage.
- G. If a patient is determined ineligible for a public assistance program, QHP, HSN, or Medical Hardship, then patient will be evaluated for program eligibility under the Hospital Sliding Fee Discount Program.
- a. Through participation in Massachusetts' Health Safety Net, low-income, uninsured and underinsured patients receiving services at NeighborHealth may be eligible for financial assistance, including free or partially free care for HSN eligible services. It is the hospital's policy that all patients who receive financial assistance under the hospital's financial assistance policy includes the Health Safety Net services as part of the uncompensated care provided to low-income patients.
 - i. *Health Safety Net - Primary* - Uninsured Massachusetts residents with verified income between 0 and 300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.
 - a. The eligibility period and type of services covered under *HSN Primary* is limited for patients eligible for

- enrollment in Massachusetts' Premium Assistance Payment Program operated by the Health Connector.
- b. Patients subject to Massachusetts' Student Health Insurance Program requirements are not eligible for *HSN Primary*.
- ii. *Health Safety Net – Secondary* - Patients that are Massachusetts residents with primary health insurance and income between 0 and 300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.
 - a. The eligibility period and type of services for *HSN-Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector.
 - iii. *Health Safety Net - Partial Deductibles* - Patients that qualify for *HSN Primary* or *HSN - Secondary* with income between 150.1% and 300% of the Federal Poverty Level may be subject to an annual deductible if all members of the Premium Billing Family Group have an income that is above 150.1% of the Federal Poverty Level. There is no deductible for any member of the Premium Billing Family Group if income is above 150.1% of the Federal Poverty Level. The annual deductible is equal to the greater of:
 - a. the lowest cost Premium Assistance Payment Program Operated by the Health Connector premium, adjusted for the size of the Premium Billing Family Group proportionally to the MassHealth Federal Poverty Level income standards, as of the beginning of the calendar year; or
 - b. 40% of the difference between the lowest MassHealth Modified Adjusted Gross Income Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group and 200% of the Federal Poverty Level.
 - iv. *Health Safety Net - Medical Hardship* -A Massachusetts resident of any income may qualify for *Medical Hardship* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's income as follows:

- a. Income Level Percentage of Countable Income:
 - 0 - 205% Federal Poverty Level 10%
 - 205.1 - 305% Federal Poverty Level 15%
 - 305.1 - 405% Federal Poverty Level 20%
 - 405.1 - 605% Federal Poverty Level 30%
 - > 605.1% Federal Poverty Level 40%
 - b. The applicant's required contribution is calculated as the specified percentage of Countable Income based on the *Medical Hardship* Family's Federal Poverty Level, multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible.
- b. Individuals that meet the eligibility requirements to qualify for financial assistance under a Health Safety Net program outlined in II.E. of the FAP may have existing billing for services rendered prior to the 10 days that precede the application date for Health Safety Net coverage. Under Health Safety Net regulations, certain primary and elective services will not be eligible for coverage under Health Safety Net prior to the 10-day period and the individual remains liable for such invoice amounts. At the time Health Safety Net eligibility is determined, NeighborHealth will provide for 100% charitable care coverage of these invoices for services rendered prior to the 10-day period and will not engage in further collection on these invoices.
- H. Patients determined ineligible for a public assistance program, QHP, HSN, or Medical Hardship will be evaluated for program eligibility under NeighborHealth's Sliding Fee Discount Program. Information gathered will be used to determine eligibility for the Sliding Fee Discount Program.
- a. Patients determined eligible for the Sliding Fee Discount Program will qualify for a discount, applied to gross charges that may cover all or some portion of their unpaid medical bills. Patients' eligibility and applicable discount are determined using the table on Attachment C.
 - b. Eligibility for free or reduced care, in all cases considered for financial assistance, is determined using the most recently published Federal Poverty Guidelines (See Attachment C).
- K Individual Consideration may be given to patients who demonstrate unique financial situations, and discounts may be extended on a case-by-case basis, in accordance with the hospital's Credit and Collection Policy and beyond the other provisions outlined in the FAP, to recognize unique cases of financial hardship.

III. Method to Apply for Financial Assistance

- A. Patients may request and apply for financial assistance:
 - a. By visiting the Patient Services office locations at 79 Paris Street, East Boston, MA 02128 and 1601 Washington St, Boston, MA 02118.

- b. By calling the Patient Services Department at 617-568-4600 to be screened by phone or to schedule an appointment with a Financial Counselor, Monday through Friday, from 8 AM to 5 PM.
- c. By mailing a written request for FAP information, including copies of the Financial Assistance Screening Form and the NeighborHealth Sliding Fee Discount Program application to be completed and submitted by mail for processing.
 - i. The FAP and NeighborHealth Sliding Fee Discount Program application are available at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>, and may be printed, completed, and returned in person or by mail for processing.
 - ii. If applying by mail, patients should submit the Financial Assistance Screening Form, Application, and copies of requested documents to:
 - NeighborHealth
Attention: Patient Services Department
10 Gove Street
East Boston, MA 02128

B. Determination of Eligibility

- a. The Patient Accounts department at NeighborHealth is responsible for determining eligibility based on the documentation provided by patient for the application process. Patients may contact the Patient Accounts department with questions on eligibility determinations by calling 617-568-7220.
- b. Once a completed application is received and processed, a determination of eligibility will be made, and the applicant will be notified in writing of the decision.
- c. Notification of Request for Additional Information or Denial:
 - i. Financial assistance will not be denied based solely upon an incomplete application initially submitted by patient. The most common types of documentation required to apply are referenced in section II.D of this policy and outlined on the attached NeighborHealth summary document (Attachment B).
 - ii. If additional documentation is needed to make a determination, then patient will be notified by USPS mail with a request to return verification documents within 30 days from the date of notification.
 - iii. If patient fails to provide additional documentation, then the application for financial assistance may be denied and patient will

be billed in accordance with NeighborHealth's Billing and Collection Policy.

- a. Uninsured patients deemed ineligible or denied for financial assistance programs will receive the Self-Pay Discount as appropriate.
- b. Underinsured patients deemed ineligible or denied for financial assistance programs will be responsible for the account balance remaining after insurance processing.
- c. NeighborHealth will make reasonable effort to collect on account balances owed.
 - i. Patient will receive a minimum of four statements over a period of 120 days prior to account being considered for bad debt designation.
 - ii. Other collection efforts include telephone calls, collection letters, personal contact notices, computer notifications, or any other notification method that constitutes a genuine effort to contact the party responsible for the balance.
 - iii. NeighborHealth may contract with an outside collection agency to assist in the collection of certain accounts, including patient-responsible amounts not resolved after issuance of Center bills or final notices. However, NeighborHealth does not engage in Extraordinary Collection Action, (ECA), to obtain payment on past due account balances.
- d. The NeighborHealth Credit and Collection Policy is available for review on the center's website at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>.
- e. Notification of Approval
 - i. Approved, uninsured or underinsured patients will receive a discount as specified in the FAP, (See Attachment C for summary of eligibility criteria and applicable discount).
 - ii. NeighborHealth will contact the patient via USPS mail to notify of approval for the financial assistance program. This notice will include the steps a patient may take to obtain information about how their patient liability, if applicable, was determined.
 - iii. If a patient has already established a payment plan or made payments on their account and is subsequently approved for the NeighborHealth Sliding Fee Discount Program, any payments

over the charity program co-pay amount will either be applied to other outstanding accounts or refunded to the patient if no other outstanding debts exist.

- f. Patient Obligations
 - i. Patients must participate in the financial assistance screening process and agree to apply for available health insurance coverage if deemed potentially eligible for a state, public assistance program or Qualified Health Plan.
 - ii. NeighborHealth reserves the right to request verification of a denied application for an available health insurance program before patient may be considered for financial assistance under the NeighborHealth Charity Program.
 - iii. Patients are required to submit a completed and signed NeighborHealth Sliding Fee Discount Program application and provide documentation to verify income and family size needed to enroll in health insurance coverage or to apply for assistance under the NeighborHealth Sliding Fee Discount Program. (See Attachment D for Sliding Fee Discount Program Application).
 - iv. Patients must fully disclose any Workers Compensation, Motor Vehicle or Third-Party Liability coverage and cooperate with requests to have claims processed by the payor identified.
 - v. Patients are obligated to provide the Center's Patient Access department with timely updates regarding changes in address, employment, or insurance status as required by financial assistance programs.
 - vi. Patients must agree to pay account balances after insurance processing, not eligible for discounts under the FAP, such as copays, coinsurances, and deductibles.
- g. NeighborHealth Obligations
 - i. NeighborHealth will make all reasonable efforts to collect the patient insurance status and financial information necessary to determine responsibility for payment of all outpatient health care services during patient's pre-registration, on the date of service, or for a reasonable time following the date of service. Reasonable efforts include:
 - a. Requesting patient's insurance card
 - b. Verifying coverage in the Center's eligibility system
 - c. Checking for coverage through access to public or private insurance databases
 - d. Obtaining third party payor information.

- ii. NeighborHealth will attempt to investigate any third-party payor that may be responsible to pay for services provided, including but not limited to:
 - a. Motor vehicle or homeowner's liability policy
 - b. General accident policies
 - c. Worker's Compensation programs
 - d. Student Insurance policies
- iii. If the patient or guarantor/guardian is unable to provide needed information, and patient consents, then NeighborHealth may attempt to contact relatives, friends, guarantor/guardian, and/or other appropriate third parties for additional information.

IV. Notification of Financial Assistance Availability

- A. NeighborHealth utilizes the following measures to widely publicize its Financial Assistance Policy:
 - a. Informs patient about NeighborHealth Sliding Fee Discount Program and offers copy of the Plain Language Summary (PLS), at time of registration as part of the standard check-in process.
 - b. Posts signage regarding the offering of financial assistance programs, including how and where to apply, are prominently posted in patient access locations across NeighborHealth:
 - i. In departments and/or waiting areas where inpatient, outpatient, clinic, and emergency services are provided.
 - ii. In Patient Access offices
 - iii. In patient registration areas
 - c. Makes available copies of the policy, screening form, application, and Plain Language Summary:
 - i. Upon request of patient, in person, by phone, or by mail.
 - ii. On the center's website, for review or download at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>.
 - iii. At patient access locations across NeighborHealth
 - d. Provides a general notice of financial assistance program availability in patient billing statements.
- B. All posted notifications and written materials pertaining to the FAP, including the screening form, application, PLS, and educational brochures, are translated into languages other than English, if such language is spoken by 5% or more of population residing in the NeighborHealth service area. Currently, all signs and written materials are translated into the following languages:
 - a. English
 - b. Spanish
 - c. Portuguese

- d. Arabic
- e. Haitian Creole

V. NeighborHealth Billing and Collection Practices

- A. NeighborHealth has a fiduciary duty to seek reimbursement, for the delivery of services from individuals who can pay, from third party insurers who cover the cost of care, and from other programs of assistance for which patient is eligible.
- B. As outlined in the Credit and Collection Policy, NeighborHealth follows reasonable billing and collection procedures:
 - a. Each billing statement received by a patient is an attempt to collect a balance due. Each statement will include information to inform the patient or guarantor about the availability of financial assistance programs, including how to request and apply for assistance;
 - b. NeighborHealth will document continuous collection activity that includes a minimum of four, (4), patient statements over a period of 120 days prior to the account being considered for bad debt designation.
 - c. In a final notification, patient or guarantor will be advised that the account may be referred to an outside collection agency and informed about the availability of financial assistance programs.
 - d. NeighborHealth will document all alternative efforts made to locate a party responsible for the account balance or to obtain a correct address on billing statements returned by the postal service as “incorrect address” or “undeliverable.”
 - e. NeighborHealth will document and maintain data regarding continuous billing or collection actions undertaken for the purpose of audit reviews by a federal and/or state agency for the fiscal year cost report in which the bill or account is reported.
 - f. NeighborHealth will not pursue continuous billing or collection action on center account balances less than \$6.00 as it is cost prohibitive.
- C. Patients determined ineligible for financial assistance programs but who can demonstrate financial hardship due to unusual or unanticipated circumstances are encouraged to bring their situation to the attention of the Patient Accounts department for Individual Consideration. NeighborHealth, in accordance with its Credit and Collection Policy, may apply discretion and extend discounts beyond the other provisions in the Financial Assistance Policy on a case-by-care bases to recognize unique cases of financial hardship.
- D. The NeighborHealth Credit and Collection Policy is available for review on the center’s website at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>.

Attachment A: NeighborHealth Plain Language Summary

NeighborHealth

Financial Assistance Policy: **Plain Language Summary**

NeighborHealth, provides medically necessary care to all patients, regardless of race, color, religion, sex, national origin, age, disability, gender identity or expression, or the ability to pay. NeighborHealth offers financial assistance to low-income, uninsured or underinsured patients, who demonstrate need and an inability to pay for care. NeighborHealth will work with patients to determine eligibility for financial assistance and help them to apply for coverage under Medicaid or other state programs, federally qualified health plans, or the center's Sliding Fee Discount Program.

Information about the center's Financial Assistance Policy and how to apply for financial assistance is available to all patients in English, Spanish, Portuguese, Arabic and Haitian Creole. Interpreters are available to assist patients with applications in other languages through MassHealth's interpreter services at 1-800-841-2900, or by calling Patient Financial Counseling at 617-568-4600 or visiting the office locations at 79 Paris St in East Boston, MA or 1601 Washington St in Boston, MA. NeighborHealth's Financial Assistance Policy is available for free upon request and online for download at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>.

Who is eligible?

Low-income, uninsured and underinsured patients who require medically necessary care and are unable to pay for services may apply for financial assistance programs. Program eligibility is based upon guidelines which include an individual's household income, family size, medical needs, and state of residence. How a patient qualifies for financial assistance will determine the type of program for which they are eligible. Some patients will qualify for programs that do not require payment for services, while other eligible patients are required to make a partial payment for care. Under the Sliding Fee Discount Program, patients with income at or below 100% of Federal Poverty Guidelines (FPG), qualify for free care with a 100% write-off of total charges, and patients with income between 100% and 200% of FPG qualify for a partial write-off of charges. Massachusetts residents may also apply for assistance under Medical Hardship, a program available through the state's Health Safety Net. Regardless of household size and income, a person may qualify for Medical Hardship if their allowable medical expenses are greater than an established percentage of their household income. Patients determined ineligible for coverage under state or federal financial assistance programs will be evaluated for eligibility under the center's Sliding Fee Discount Program.

How to Apply:

Information about BMC's Financial Assistance Policy, Sliding Fee Discount Program, and application, are available as follows:

- Contact Patient Services Department at (617) 568-4600 or visit an office location, Monday through Friday, from 8 AM to 5 PM, at:
 - 79 Paris Street, East Boston, MA 02128; or
 - 1601 Washington Street, Boston, MA 02118
- Visit the Center's website at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>
- Make a written request for program information and application instructions by mail to:
NeighborHealth
Attention: Patient Services Department
10 Gove Street
East Boston, MA 02128

Attachment B: Summary of FAP Acceptable Verification Documents

1. Two most recent paystubs
2. Letter from employer indicating hourly rate and hours worked per week
3. Income tax return (Form 1040)
4. Other sources of income

Attachment C: Sliding Fee Discount Program Guideines for Eligibility

East Boston Neighborhood Health Center									As of January 17, 2024
2024 Income Guidelines									
ANNUAL INCOME Source: Federal Register									
Persons in Family or Household	100%	125%	150%	175%	200%	250%	300%	350%	400%
1	\$ 15,060	\$ 18,825	\$ 22,590	\$ 26,355	\$ 30,120	\$ 37,650	\$ 45,180	\$ 52,710	\$ 60,240
2	20,440	25,550	30,660	35,770	40,880	51,100	61,320	71,540	81,760
3	25,820	32,275	38,730	45,185	51,640	64,550	77,460	90,370	103,280
4	31,200	39,000	46,800	54,600	62,400	78,000	93,600	109,200	124,800
5	36,580	45,725	54,870	64,015	73,160	91,450	109,740	128,030	146,320
6	41,960	52,450	62,940	73,430	83,920	104,900	125,880	146,860	167,840
7	47,340	59,175	71,010	82,845	94,680	118,350	142,020	165,690	189,360
8	52,720	65,900	79,080	92,260	105,440	131,800	158,160	184,520	210,880
For each additional person, add	5,380								
MONTHLY INCOME									
Persons in Family or Household	100%	125%	150%	175%	200%	250%	300%	350%	400%
1	\$ 1,255	\$ 1,569	\$ 1,883	\$ 2,196	\$ 2,510	\$ 3,138	\$ 3,765	\$ 4,393	\$ 5,020
2	1,703	2,129	2,555	2,981	3,407	4,258	5,110	5,962	6,813
3	2,152	2,690	3,228	3,765	4,303	5,379	6,455	7,531	8,607
4	2,600	3,250	3,900	4,550	5,200	6,500	7,800	9,100	10,400
5	3,048	3,810	4,573	5,335	6,097	7,621	9,145	10,669	12,193
6	3,497	4,371	5,245	6,119	6,993	8,742	10,490	12,238	13,987
7	3,945	4,931	5,918	6,904	7,890	9,863	11,835	13,808	15,780
8	4,393	5,492	6,590	7,688	8,787	10,983	13,180	15,377	17,573
For each additional person, add	448								
WEEKLY INCOME									
Persons in Family or Household	100%	125%	150%	175%	200%	250%	300%	350%	400%
1	\$ 290	\$ 362	\$ 434	\$ 507	\$ 579	\$ 724	\$ 869	\$ 1,014	\$ 1,158
2	393	491	590	688	786	983	1,179	1,376	1,572
3	497	621	745	869	993	1,241	1,490	1,738	1,986
4	600	750	900	1,050	1,200	1,500	1,800	2,100	2,400
5	703	879	1,055	1,231	1,407	1,759	2,110	2,462	2,814
6	807	1,009	1,210	1,412	1,614	2,017	2,421	2,824	3,228
7	910	1,138	1,366	1,593	1,821	2,276	2,731	3,186	3,642
8	1,014	1,267	1,521	1,774	2,028	2,535	3,042	3,548	4,055
For each additional person, add	103								
SLIDING SCALE DISCOUNT									
Income as a Percentage of Federal Poverty Guidelines	Sliding Scale Discount								
0 to 100%	100%								
101 to 125%	80%								
125 to 150%	60%								
151 to 175%	40%								
176 to 200%	20%								
Over 200%	0%								

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Health Center Services:

FPL	Tier	Discount
< 100%	1	100%
101-125%	2	80%
126-150%	3	60%
151-175%	4	40%
176-200%	5	20%
> 200%	N/A	0%

Pharmacy Services:

FPL	Discount
< 100%	100%
101-200%	Discount to acquisition cost + \$10 dispensing fee
> 200%	0%

Third Party Supplies:

- In cases where third party supplies are incurred related to a visit (e.g., dentures, eye glass frames, etc.), the nominal fee charged to patients will include the cost of these supplies to NeighborHealth.

Attachment D: Sliding Fee Discount Program Application



Sliding Fee Discount Program Application

The EBNHC is a non-profit organization whose primary function is to provide quality affordable healthcare services to the community. The EBNHC Sliding Fee Discount Program offers to discount the cost of healthcare for patients who are uninsured or underinsured, depending upon income level and family size.

I realize that completing an application does not guarantee I will be accepted into the program. I also understand and agree that payment of any charges for services received from EBNHC is my responsibility.

I acknowledge, for services received at any another health care facility, I must contact that institution for assistance regarding any payment options.

Household Information (1): Please list the complete name and date of birth of each family member. Circle yes if they are a patient of East Boston Neighborhood Health Center. Otherwise, circle no.

Name	GUARANTOR	SPOUSE/ PARTNER	DEPENDENT	DEPENDENT	DEPENDENT	DEPENDENT
First						
Last						
Date of Birth						
Patient	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No

SOURCE OF INCOME	SELF	SPOUSE	OTHER	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veterans payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support. Assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Provide two (2) of your most recent paystubs; OR letter from your employer indicating hourly rate and hours worked per week; Income Tax Return (Form 1040) AND any other sources of income indicated above.

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It is very important that you bring the required documentation listed below to your appointment.

I understand the questions and statement on this application form. I certify that my answers are correct and complete to the best of my knowledge. I have included all of the household members and provided verifications of all income. I understand this information will be used only for determination of financial responsibility for my charges at EBNHC and will be kept confidential.

My signature authorizes EBNHC to verify any information furnished on this form.

Printed name of applicant _____

Signature of applicant _____ Date: _____

- Requested back date _____ Receive phone call regarding discount approval in addition to a letter sent to your home.

If you have any further questions regarding financial options, please call the East Boston Neighborhood Health Center Patient Services Department at (617)568-4600. If you need assistance completing the application, contact Patient Account at 617-568-7220. We look forward to working with you.

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's License, utility bill, employment ID, or		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

NeighborHealth Policy and Procedure

Attachment E: NeighborHealth List of Provider Affiliates

NeighborHealth’s Financial Assistance Policy will apply to care provided at all NeighborHealth locations. The FAP does not apply to fees billed by providers for care provided outside of an NeighborHealth facility or by external providers (e.g., for lab services).

The following list identifies the names of all physicians, practice groups, and other third-party providers who deliver care at NeighborHealth locations. For those providers listed with a “NO” in the column labeled “Coverage Under FAP” they do not follow the NeighborHealth FAP. You will be billed separately by those providers.

Practice Providers

Provider	Service	Coverage Under FAP	HSN Eligible
NeighborHealth	All	YES	YES
Quest Diagnostics	Laboratory	NO	YES