

Title:	Partners Financial Assistance Policy
Effective Date:	September 25, 2014

I. OVERVIEW

Partners HealthCare affiliated entities are tax-exempt entities, whose underlying mission is to provide services to all in need of medical care. Patients requiring urgent or emergent services shall not be denied those services based on their inability to pay. Partners post acute care and behavioral health hospitals will work with patients who have a demonstrated financial need in order to provide financial assistance to those patients seeking care in those settings. It is important to recognize, however, that Partners HealthCare System affiliated entities have limited resources, and that to provide high quality services and continue to support community needs, each entity has a responsibility to seek prompt payment for services provided.

Partners HealthCare affiliated entities recognize that some patients have limited means. This financial assistance policy has been developed to assist uninsured and underinsured patients with limited financial resources.

II. GENERAL PROVISIONS

1. Scope. This policy applies to the following Partners HealthCare entities:

- a. Acute Care Hospitals
 - i. Massachusetts General Hospital (MGH)
 - ii. Brigham and Women's Hospital (BWH)
 - iii. North Shore Medical Center (NSMC)
 - iv. Newton-Wellesley Hospital (NWH)
 - v. Brigham and Women's Faulkner Hospital (BWFH)
 - vi. Martha's Vineyard Hospital (MVH)
 - vii. Nantucket Cottage Hospital (NCH)

- b. Behavioral Health Hospitals
 - i. McLean Hospital (MH)
- c. Spaulding Rehabilitation Network Hospitals (Post-Acute Care Hospital)
 - i. Spaulding Rehabilitation Hospital Boston (SRH)
 - ii. Spaulding Hospital for Continuing Medical Care North Shore (SNS)
 - iii. Spaulding Hospital for Continuing Medical Care Cambridge (SHC)
 - iv. Spaulding Rehabilitation Hospital Cape Cod (SCC)
- d. Physicians organizations
 - i. Massachusetts General Physicians Organization (MGPO)
 - ii. Brigham and Women's Physicians Organization (BWPO)
 - iii. North Shore Physicians Group (NSPG)
 - iv. Newton Wellesley Ambulatory Services (NWAS)

Note that physicians associated with these entities, but who bill "privately" are encouraged, but not required, to follow this policy.

2. Existing Discounts. This policy is intended to establish a common uninsured patient discount policy for Partners hospitals and their associated physician groups. Entities may continue existing discounts that go beyond this policy only with the approval of the local entity CFO.
3. Uninsured and Underinsured Patients. This policy is intended to apply primarily to patients that do not have health insurance from either a public (e.g., Medicaid, Medicare) or private (e.g., Tufts, Harvard Pilgrim, Blue Cross, etc.) source. Included are:
 - a. Patients with no health insurance;
 - b. Patients whose only "insurance" is the Massachusetts Health Safety Net;
 - c. Patients whose balance results from having "exhausted" benefits under their insurance plan; and,
 - d. Patients whose balance results from "non-covered" services where insurance has determined that the patient is fully responsible for the charges associated with certain excluded services. This includes services where the insurer denied coverage due to the insurer's network limitations.
4. Service Limitations. For acute care hospitals and their affiliated physicians organizations, this policy is generally limited to Emergent Services, Urgent Services and the associated medically necessary follow up care from the acute care listed above except for patients who are covered by the Massachusetts Health Safety Net. It is not intended to cover long term, ongoing or routine services except as noted in the specific provisions. Service limitations for McLean Hospital and hospitals in the Spaulding Rehabilitation Network are based on the patient's medical status, the necessity for the particular service setting and the type and intensity of the services required.
5. Income Limitations. This program is limited to patients with demonstrated financial need either due to limited income or if their medical bills are an excessive portion of their income. For residents of the United States, the most recently published Federal Income Poverty Guide (FPG) will be used as the primary determinant. For non-US residents, a combination of income and available assets will be used to determine the appropriate discount available. In all cases, the total income of the family will be used in this determination. Discounts based solely on income are generally limited to patients with family incomes less than 301% of the FPG.

Federal Poverty Income Guide – March 1, 2014

	133% FPG	250% FPG	300% FPG
Family Size = 1	\$15,528	\$29,184	\$35,016
Family Size = 2	\$20,928	\$39,336	\$47,196
Family Size = 3	\$26,328	\$49,476	\$59,376
Family Size = 4	\$31,728	\$59,628	\$71,556
Family Size = 5	\$37,128	\$69,780	\$83,736

6. Financial Assistance Due to Excessive Medical Bills. Patients who do not qualify under Section 5 may still qualify for financial assistance if they can demonstrate that their medical expenses exceed an established percentage of their family income (outlined in Section 4 of Specific Provisions below). Patients who qualify under this section will be offered a discount on:
- a. all emergent care and associated medically necessary follow-up services provided at an Acute Care Hospitals and Physicians Organizations
 - b. all qualified services at the Spaulding Rehabilitation Network Hospitals or McLean Hospital

Expenses must have occurred within the prior 12 months and are limited to those expenses that could potentially qualify as a medical expense per the US IRS. Patients wishing to be considered for discounts under this policy must provide requested documentation of income, residence and qualifying medical expenses in a timely manner.

7. Medicare Bad Debt. This policy may also be used to verify the indigence of a patient for the purposes of qualifying their balances resulting from a co-insurance or deductible from services covered by Medicare for those entities where Medicare Bad Debt is applicable. The determinants will be the patient's current income and their reported asset levels. To qualify, the patient must have an Income of less than 201% of the FPG and assets of less than \$10,000 for the first family member with an additional \$3,000 for each additional family member. Asset determinations will never include the primary residence or the primary automobile. Application for financial assistance will be proof that the patient has a inability to use assets to pay their outstanding balances.
8. Patient Responsibilities. The patient has a number of responsibilities to meet in order to qualify for this discount program, including:
- a. Obligation to obtain and maintain insurance coverage if affordable coverage is available to them;
 - b. Obligation to apply for and maintain any government sponsored insurance programs that they may qualify for;
 - c. Obligation to submit all requested documentation of income, assets and residency that is needed to enroll in state coverage or to verify their qualifications for any PHS financial assistance in a timely manner.
 - d. Obligation to keep Partners HealthCare System affiliated entities apprised of current demographic and insurance information; and,
 - e. Obligation to pay all balances in accordance with agreed to time frames.
9. Payment Requirement & Payment Plans. Discounts approved under this policy will be applied when a patient is deemed qualified. Interest free payment plans will be offered to patients according to existing guidelines in the hospital's Credit & Collection Policy. Those guidelines typically 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 each hospital's Credit & Collection Policy.

10. Application & Screening Process. Partners HealthCare System hospitals have a duty to screen patients for eligible state and federal programs. In order to be eligible for discounts under this policy, Patients may be required to apply for a variety of state and federal programs.
11. Exclusions. Discounts under this policy do not apply to cosmetic surgery, infertility services, motor vehicle claims, third party liability claims, fixed fee services, other non-medically necessary services or services where other discounts have already been included in the charge. Other excluded services at McLean Hospital include The Pavilion, The Appleton Residence at McLean, The Gunderson Residence, The McLean Center at Fernside, The McLean Residence at the Brook, The McLean Residence at Lincoln, and 3East. Discounts are generally not available to patients in cases where the need for the care was anticipated by the patient and the patient came to a PHS hospital from outside our service area to receive this care. Examples include obstetrical care, oncology care and cardiac services, specialty rehabilitation services and psychiatric services. Co-insurance, deductibles and co-payments are also generally excluded.
12. Methodology for Discount Determination. Per IRS 501(r), hospitals must limit charges to patients and services qualified under our Financial Assistance Policy (FAP) to the Amounts Generally Billed (AGB) to Commercial carriers and Medicare. Partners determines the AGB by first dividing total payments by total charges for all Commercial and Medicare plans in aggregate for the prior fiscal year to determine the Payment on Account Factor (PAF) for the prior fiscal year. This is generally done in November when the most accurate data is available. The minimum FAP discount for the current fiscal year is the inverse of the prior year PAF. This will reduce the charges billed to qualifying patients to no more than the AGB for the prior year.

For example:

Total Payments from Medicare and Commercial Plans	\$200,000,000
Total Charges from Medicare and Commercial Plans	\$500,000,000
PAF	40%
Net Minimum FAP Discount	60%

13. Publication and Dissemination of the FAP:
 - a. Internet Posting The Partners Financial Assistance policy, application forms, and a plain language summary are available at <http://www.partners.org/for-patients/Patient-Financial-Assistance.aspx>. This webpage may also be accessed from the Partners HealthCare home page from the drop-down menu under "For Patients." The website includes various ways in which patients can apply for assistance, including a list of hospital and health center patient financial counseling locations; a central phone number; and an email address. The website also lets patients know that the applications forms and assistance are free.
 - b. On-site communication about the Partners FAP is accomplished in several ways:
 - i. 11 x 17 notices posted in registration and other high traffic areas;
 - ii. Plain language brochures that advertise the availability of Partners financial assistance options displayed in practices and Emergency Departments
 - iii. Patient financial counseling resources 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 Spanish.

- c. 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 Partners sites.

III. SPECIFIC PROVISIONS

1. Public insurance programs

States differ in their public insurance offerings. Massachusetts, for example, offers residents earning less than 401% of the FPG some level of subsidized coverage through MassHealth or through plans offered on the Health Connector. This policy assumes that patients who have access to affordable insurance will apply for and maintain their coverage. This policy is not intended to cover patients who choose not to obtain affordable insurance coverage.

2. Massachusetts Health Safety Net (HSN)

Massachusetts residents with family incomes up to 400% of the FPG may qualify for coverage for Acute Hospital Services by the Health Care Safety Net (HSN). These patients may also qualify for charity discounts on services at the MGPO, BWPO, NSPG and NWAS according to the guidelines in this policy

- a. Full HSN: (Income less than 201% of the FPG): Hospital services are covered in full by HSN. Physician services from MGPO, BWPO NSPG and NWAS are discounted by 100% (full charity write off).
- b. Partial HSN: (Income between 200% and 401% of FPIG): Acute Hospital services are covered in full by HSN after the patient pays an annual deductible. Claims applied to the deductible may be eligible for an Uninsured Patient discount of 25%. MGPO, BWPO, NSPG and NWAS physicians will provide charity discounts of 70% off charges for Partial HSN patients.
- c. HSN Medical Hardship: Massachusetts residents of all income levels may qualify for coverage of some claims under the HSN Medical Hardship program. Qualifying hospital services will be submitted to the HSN after any designated deductible and an appropriate charity discount for physician services will be arranged. This charity discount will typically be 70% but may vary depending on the patient's actual circumstances.
- d. Massachusetts Residents with no health insurance coverage: Uninsured Massachusetts residents with no coverage or designation through the Health Safety Net will generally be treated as Uninsured Patients and will be provided access to the 25% discount available to all Unisured Patients for timely resolution of balances as applicable. They will typically not qualify for any other charity discount. These patients will be strongly encouraged to comply with the requirements of Health Care Reform and will be provided with assistance in seeking coverage through all the possible resources including MassHealth, HSN, or Connector Programs.
- e. Spaulding Rehabilitation Network Hospitals and McLean Hospital: Services at these hospitals are not covered by HSN so the typical procedures for determination of an FAP discount will apply except that the hospitals will use the HSN determination as proof of the patients income status without any additional verification unless needed to refine the discount.

3. Financial Assistance Discount for Patients with Limited Income:

Patients who qualify for this discount will have their charges for applicable services discounted according to the following schedule. The discounts are based on the total charges and are not applied to balances that have already been discounted due to insurance coverage.

Family Income as % of FPG	Discount for Acute Care Hospitals and Physicians Organizations	Discount for Spaulding Rehabilitation Hospitals	Discount for McLean Hospital
0 to 133%	100%	100%	100%
134 to 250%	85%	85%	80%
251 to 300%	70%	55%	60%

4. Financial Assistance due to Excessive Medical Bills

Patients who qualify for this discount will have their charges for applicable services discounted according to the following schedule. The discounts are based on the total charges and are not applied to balances that have already been discounted due to insurance coverage.

Family Income as % of FPG	Discount for Acute Care Hospitals and Physicians Organizations	Discount for Spaulding Rehabilitation Network Hospitals	Discount for McLean Hospital
301 – 600%	70%	55%	70%
Over 600%	70%	55%	70%

5. Case-By-Case Evaluation

Patients are encouraged to bring their unique financial situations to the attention of Patient Financial Services at any Partners hospital, to the Partners Central Business Office or to the Professional Billing Office of any Partners affiliated entity. Partners affiliated entities 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.