SOPHISTICATED CARE. NEIGHBORLY COMPASSION.

SPEARE Memorial Hospital

Community Care Policy (Formerly Known as Speare Charity Care, Community Care or Financial Assistance)

MRP:

Director Revenue Cycle Services

POLICY

Speare Memorial Hospital (SMH) is committed to providing high-quality, compassionate health care services to all individuals. SMH will provide care for emergency medical conditions and medically necessary services to individuals regardless of ability to pay or eligibility for Community Care and regardless of age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

This policy is intended to comply with the requirements of NH RSA 151:12-b, Internal Revenue Code Section 501(r) and the Patient Protection and Affordable Care Act of 2010.

Community Care is available to patients whose annual household income is at or below 300% of the Federal Poverty Guidelines (FPG) for 2026. The assistance Guidelines are outlined in Appendix A of this policy.

DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Community Care- The provision of health care services free or at a discounted rate to individuals who meet the criteria established pursuant to this policy. Speare provides this service, known as the Community Care Program.

Household Size- According to US Census Bureau definition, a group of two or more people who reside

together and who are related by birth, marriage, or adoption. According to IRS rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Community Care.

PROCEDURE

A. Eligibility Criteria and Financial Tiers

Financial assistance is provided on a sliding scale based on the clinical nature of the service, household size, gross household income, and where applicable, a review of household liquid assets. Financial assistance under this policy is organized into three distinct tiers:

1. Primary Care Services

Eligibility for the Community Care program for defined Primary Care Services shall be determined **solely on the basis of gross household income** relative to the Federal Poverty Guidelines (FPG). Liquid asset testing, asset verification, and asset thresholds shall not be applied to applications for financial assistance involving primary care services.

- **Definition of Primary care:** For the purpose of this policy, Primary Care Services are strictly defined as routine preventative care, annual physicals, chronic disease management, and standard outpatient clinic visits conducted by designated primary care practitioner (PCP) within an Speare Memorial Hospital clinic.

2. Specialty, Diagnostic, and Non-Emergent Hospital Services

Eligibility for financial assistance for all other non-emergent, medically necessary hospital and specialty services shall require an evaluation of **both gross household income and household liquid assets,** as outlined in the hospital's financial verification guidelines.

- **Determination of Medical Necessity:** A service is considered “medically necessary” if it is clinically indicated to diagnose, treat, cure, or prevent a clear medical condition. Medical necessity shall be determined solely by the attending provider using evidence-based clinical guidelines, independent of a patient's financial or insurance status

3. Elective and Cosmetic Services

Financial Assistance does not apply to elective, cosmetic, or otherwise non-medically necessary services. Any service, procedure, or supply performed solely for patient convenience, aesthetic preference, or that does not meet the baseline definition of medically necessary care is strictly excluded from all forms of financial assistance, sliding scales, or charity care.

- **Patient Financial Responsibility:** Patients receiving elective services are fully responsible for 100% of the hospital's charges, regardless of their household income or asset levels.
- **Prior Authorization & Advance Disclosure:** For all scheduled elective services, Speare Memorial Hospital requires patients to sign an Elective Service Financial Responsibility Acknowledgment and secure an approved payment arrangement, or pay a deposit prior to or at the time of service. Financial Assistance applications will not be processed or considered for

these account balances.

B. Medical Criteria and Scope of Assistance

Financial assistance applies exclusively to emergency and medically necessary services provided directly by Speare Memorial Hospital. Elective procedures and services not deemed medically necessary are completely excluded from this policy.

C. Scope and Entity Exclusions

Speare Health Ventures services—including but not limited to Urgent Care Centers and the Speare Medica Imaging Center—are not eligible for the Community Care program due to their for-profit corporate status. Patients utilizing these joint ventures or for-profit subsidiaries are subject to standard commercial or self-pay billing schedules.

D. Residency Requirements

Applicants must be a permanent resident of the State of New Hampshire. Out-of-state applicants who receive non-emergent care at Speare Memorial Hospital will be reviewed on a case-by-case basis at the sole discretion of the Financial Services Department.

E. Application Process

1. **Initiation**: Patients may request Community Care at any point during their care by contacting the hospital's Financial Services Department. Applications are also made available during a patient's inpatient stay, and is available on SMH's website.
2. **Documentation**: Applicants must provide the following documents with their application:
    a. Proof of Income
    b. Household Size
    c. For Specialty or non-emergent hospital services, applicants must provide document relevant to asset testing guidelines
3. **Review**: Once an application for Community Care is received, the application will be reviewed for completeness, and should additional information be needed, the patient will be notified. During the approval process, no collection efforts will take place on patients who have submitted a complete application.
4. **Notification**: Applicants will be notified in writing of the final eligibility decision within 10 days of submitting a complete application.

F. Non Qualifying Discounts and Payment Plans

Applicants who are self-pay will automatically receive a **40% discount** from total standard charges. These patients will also have the option of establishing an approved interest-free monthly payment plan through the Financial Services Department to settle their remaining self-pay balance.

G. BILLING AND COLLECTION

Patients approved for community care will receive an updated statement reflecting the discounted charges. Speare Memorial Hospital will not engage in aggressive collection practices or extraordinary collection actions (ECAs) for balances covered under an approved Community Care determination.

H. PAYMENT PLANS

Applicants not qualifying for the Community Care program will have the option of setting up a payment plan.

I. FINANCIAL COUNSELING

Patients that indicate an inability to meet their financial obligations are to be referred to the financial counselor.

Financial Counseling will consist of a discussion of potential need, payment plans, and Community Care available to the patient, including but not limited to applying for Medicaid, Disability, ACA Plans and Speare Community Care Program.

COMMUNICATION

Applications, along with this policy, are available through the Patient Financial Services department, at hospital based clinics/physician practices, and are available on-line at http://www.spearehospital.com/patients-visitors/financial-assistance/

Applications and copies of this policy can be mailed upon request. Patients requiring assistance with completing the application will be referred to the Financial Counselor.

Information regarding Community Care, including hospital discounts and other community options are available in most public areas. Signs regarding the policy are to be placed in all registration and waiting areas of the hospital, and all hospital-based clinics and physician practices. Patients who are admitted to our inpatient units will be given Community Care information upon discharge.

Patients receiving outpatient or ambulatory surgery procedures, should be given information upon scheduling of their procedure, and directed to the financial counselor.

Approval Signatures

Step Description	Approver	Date