

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.

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. SERVICES ELIGIBLE UNDER THIS POLICY

All Emergency and medically necessary services, as determined by a physician, received at SMH or billed by SMH will be eligible for this Community Care program.

Elective procedures and services not deemed medically necessary are excluded from this policy. Any services billed for Med Check Urgent Care Centers or Speare Medical Imaging Center are not eligible for the Community Care Program, as they are billed under a different entity.

B. ELIGIBILITY CRITERIA

1. Community Care is available to patients whose annual household income is at or below 300% of the Federal Poverty Guidelines (FPG) for 2025. The assistance guidelines are outlined in Appendix A of this policy.
2. Applicants must be a resident of New Hampshire. Out of state applications will be reviewed on case by case basis.
3. Patients that are insured and uninsured, ineligible for any government health care benefit program, and unable to pay for their care can apply for assistance. Community Care is given according to a sliding scale based on details listed in Appendix A.
4. For patients seeking Primary Care services in nature, only Family Size and Income will be used to evaluate eligibility.
5. Determinations for Community Care will be made using the information contained in the application only.

C. 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. Any other documents as requested by the financial counselor.
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 decision within 30 business days of submitting a complete application.

D. DISCOUNT STRUCTURE

Community Care is provided on a sliding scale based on income and household size. Patients with incomes at or below 240% of the FPG may qualify for 100% assistance, while those with incomes between 241% and 300% of the FPG may receive partial assistance.

Self-pay patients are eligible for up to a 39.4% discount on any accounts where there is no insurance to be billed. This discount ensures that Self-Pay patients are not billed more than an amount generally billed (AGB).

E. BILLING AND COLLECTION

Patients approved for Community Care will receive a statement reflecting the discounted charges. The hospital will not engage in aggressive collection practices for balances covered under this policy.

F. PAYMENT PLANS

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

G. 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.