

## **Middlesex Hospital Financial Assistance Policy**

**Policy:** It is the Middlesex Hospital (“the Hospital”) policy (“the Policy”) to provide financial assistance to eligible patients who may have difficulty paying for their medically necessary healthcare services, as determined under generally accepted standards of medicine, and excluding services covered under Workers Compensation, third party liability, cosmetic procedures or elective procedures not covered by insurance. Regardless of eligibility under the Policy, the Hospital will provide care, without discrimination, for emergency medical conditions as defined by its written emergency medical treatment policy which incorporates the CMS requirements for the Emergency Medical Treatment and Labor Act (EMTALA). Middlesex will not engage in actions that discourage individuals from seeking emergency medical care, including emergency transfers, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

The Hospital’s Financial Assistance Policy includes a list of providers associated with the Hospital that do and do not participate in the Hospital’s Financial Assistance Program. The list of providers is reviewed quarterly and revised as needed. The Policy will be regularly reviewed by the Hospital to ensure that at all times it (i) reflects the philosophy and mission of the Hospital; (ii) explains the decision processes of who may be eligible for financial assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance. In the event that applicable laws, rules or regulations are changed, or supplemented or clarified through interpretative guidance, the Hospital will modify the Policy and its practices accordingly.

**Eligibility Criteria and Determination:** The patient must fully complete and return the Financial Assistance Application and all required documentation for the Hospital to determine eligibility. In determining eligibility, the Hospital uses the information from the application including the number of people in the household, gross household income and assets. In special circumstances, catastrophic events are handled on a case-by-case basis.

The table below outlines the basis for calculating financial assistance discounts:

Criteria	Description
<b>Basis for calculating discount:</b>	<ul style="list-style-type: none"> <li>● For uninsured patient: Hospital gross charges.</li> <li>● For insured patient: the lesser of the Hospital's gross charges or the patient's balance after insurance payments.</li> </ul>
<b>Amounts Generally Billed Calculation:</b>	<ul style="list-style-type: none"> <li>● The Hospital calculates its amounts generally billed ("AGB") using the "Look Back Method" described in Section 1.501(r)-5(b)(3) of the Federal Income Tax Regulations based on commercial and fee-for-service Medicare rates [meaning health insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 U.S.C. 1395c through 1395w-5)].</li> <li>● The AGB percentage that the Hospital used to determine its AGB is 30%. Members of the public may readily obtain such AGB percentage and accompanying description of the calculation in writing and free of charge by contacting the Hospital's financial counselors at (860) 358-2402 or (860) 358-2403. Pursuant to Conn. Gen. Laws Section 19a-673, any uninsured Hospital patient whose income (alone, without regard to available assets) falls below 250% of the Federal Poverty Guidelines will not be charged more than the Hospital's "cost of providing services" to the patient.</li> </ul>
<b>Income Requirement for 100% Discount:</b>	<ul style="list-style-type: none"> <li>● Income at or below 200% of the Federal Poverty Income Guidelines.</li> </ul>
<b>Income Requirements for Other Discounts:</b>	<ul style="list-style-type: none"> <li>● If the gross household income is between 200% - 500% of the Federal Poverty Income Guidelines: <ul style="list-style-type: none"> <li>○ For uninsured patient: the discount applies to Hospital gross charges. The discount is a minimum of 70% for those who qualify.</li> <li>○ For insured patient: the discount applies to the account balance or gross charges, whichever is less. The discount is a minimum of 70% for those who qualify.</li> </ul> </li> </ul>

<b>Free Bed Funds:</b>	<ul style="list-style-type: none"> <li>• The Hospital administers Free Bed Funds that are trust or endowments which may have specific restrictions. Patients may qualify for Free Bed Funds depending on the individual Free Bed Fund requirements and the financial assistance criteria</li> </ul>
<b>Presumptive Eligibility:</b>	<ul style="list-style-type: none"> <li>• The Hospital may make administrative decisions to grant 100% financial assistance to patients with circumstances that preclude them from completing the application process, such as homelessness, patient is deceased with no known estate and Medicaid Spend Down.</li> </ul>
<b>Catastrophic Circumstances:</b>	<ul style="list-style-type: none"> <li>• Special circumstances are handled on a case-by-case basis. The Hospital takes into consideration the special circumstances that affect a patient's ability to pay, such as a catastrophic event.</li> </ul>
<b>Other Circumstances:</b>	<ul style="list-style-type: none"> <li>• When patients have substantial assets, those assets, plus other relevant factors, are considered when making the eligibility determination. However, in no event will a patient who is determined to be eligible for financial assistance under the Policy be charged more than the amounts generally billed ("AGB") for emergency or medically necessary care. Middlesex shall charge FAP-eligible individuals less than gross charges for any medical care covered under the hospital facility's FAP.</li> </ul>

**How to Apply for Middlesex Hospital Financial Assistance:**

- 1) The Financial Assistance Application or information may be obtained by:
  - a. Calling the Hospital's financial counselors at (860) 358-2402 or (860) 358-2403
  - b. Visiting the Hospital's financial counselors at the Middlesex Hospital Outpatient Center at 534 Saybrook Road, Middletown, CT 06457 or 28 Crescent Street, Middletown, CT 06457
  - c. Calling the Hospital's customer service representatives at (860) 358-4870
  - d. Visiting any Hospital registration area at the following locations:
    - i. Middlesex Hospital, 28 Crescent St. Middletown, CT 06457
    - ii. Shoreline Medical Center, 250 Flat Rock Pl, Westbrook, CT 06498
    - iii. Marlborough Medical Center, 12 Jones Hollow Rd., Marlborough, CT 06447
  - e. Downloading the application from the Hospital's website at [www.middlesexhospital.org](http://www.middlesexhospital.org), under the Financial Assistance Services section

- 2) The information and documentation the Hospital requires to process the Financial Assistance Application is described in detail in the application packet
- 3) All completed paperwork should be sent to: Middlesex Hospital, Attn: Financial Counseling Department, 28 Crescent Street, Middletown, CT 06457

**Hospital Billing & Collections Practices:** The Hospital has a written Billing & Collections Policy which may be obtained free of charge by calling the Hospital's financial counselors at (860) 358-2402 or (860) 358-2403, calling the Hospital's customer service representatives at (860) 358-4870 or downloading at <http://middlesexhospital.org/patients-and-visitors/financial-assistance-services>.

**Measures to Publicize the Hospital's Financial Assistance Policy:**

- 1) The Hospital makes available paper copies of its Financial Assistance Policy. The Plain Language Summary of the Financial Assistance Policy and the Financial Assistance Application is offered to every patient upon intake.
- 2) The Hospital has signage that provides basic information about its Financial Assistance Policy posted in main entrances, all registration areas, and the emergency room. In addition, the Hospital's Financial Assistance brochure is available at all entry points, registration and in multiple departments.
- 3) The Hospital annually reviews possible community partners for communication of its Financial Assistance Policy, such as its community physicians, local community health center (FQHC) and community based United Way. In addition, the Hospital regularly looks for opportunities to communicate with patients about its Financial Assistance Policy through inclusion in its health and wellness newsletters and publications.
- 4) The Hospital has its Financial Assistance Policy, Plain Language Summary of the Financial Assistance Policy and application posted on its website at <http://middlesexhospital.org/patients-and-visitors/financial-assistance-services>.
- 5) The Hospital includes a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under the Hospital's Financial Assistance Policy and includes the telephone number of the Hospital facility office or department that can provide information about the policy

and application process and the direct website address (or URL) where copies of the Policy, application form, and Plain Language Summary of the Policy may be obtained.

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Approved by the Hospital Board of Directors: 6.22.18