LOWELL GENERAL HOSPITAL FINANCIAL ASSISTANCE PROGRAM (FAP)

A. PURPOSE

Lowell General Hospital follows the following basic tenets when working with patients regarding their financial obligations:

- Fear of a hospital bill should never get in the way of patients receiving essential health services. Lowell General Hospital will communicate with patients regarding their ability to access medically necessary care and the availability of financial assistance.

- The hospital has financial assistance policies that are consistent with the mission and values of the organization and take into account each individual's ability to contribute to the cost of his or her care and the hospital’s financial ability to provide the care. These policies are communicated in a clear and easy to understand manner.

- Debt collections policies for both hospital staff and external collections agencies reflect the mission and values of the hospital.

- Financial assistance provided by the hospital is not a substitute for the responsibility of government and employers to find solutions to expand access to health care coverage of all Massachusetts residents.

B. POLICY

Lowell General Hospital offers financial assistance to qualifying patients who are in need of emergency or medically necessary treatment and have a household income below 400% of the Federal Poverty Level (FPL) Guidelines to assist with certain self-pay obligations for medically necessary services not covered by third party payers and for copayments, deductibles or coinsurance on covered services. The Lowell General Hospital Financial Assistance Program is meant to supplement – and not replace - other coverage for services in order to ensure the financial

Revised: June 2020
assistance is provided where most needed. Patients eligible for health coverage through their (or a family member’s) employer or State Programs will not be eligible for the Lowell General Hospital Financial Assistance Program. Financial assistance from the Hospital Financial Assistance Program cannot be combined with any other Discounts, if provided.

C. PROCEDURE

In accordance with the federal Patient Protection and Affordable Care Act (PPACA) and section 501(r) of the Internal Revenue Service code, all other uninsured patients will not be charged more than the amount generally billed to insured patients for emergency or medically necessary care.

1. Financial Assistance Program Eligible Patients

The following patients will be considered qualifying patients and will be eligible for this financial assistance to the extent described below:

Patients who are in need of emergency or medically necessary treatment and have a household income below 400% of the Federal Poverty Level (FPL) Guidelines AND

(a) Self-pay patients with no insurance, who do not qualify for State Programs or the Health Safety Net; or

(b) Patients who qualify for State Programs or Health Safety Net but have received medically necessary services prior to effective coverage date or have received medically necessary services ineligible for coverage; or

(c) Patients who qualify for partial free care but seek assistance with a partial free care deductible; or

(d) Patients who qualify for full or partial free care but have received Medically Necessary services ineligible for State Programs, free care, other governmental programs or private insurance; or

(e) Patients who are enrolled in State Programs in which the Hospital is not enrolled as a provider and therefore cannot obtain payment; or

(f) Patients who are deceased and have no estate will be given individual consideration; or

(g) Patients who are bankrupt will be given individual consideration; or

(h) Patients whose household income exceeds 400% of the federal poverty guidelines and who meet Health Safety Net income criteria for Medical Hardship and have balances (after free care) of $10,000 or more. Specifically, these patients may (1) be eligible for Medical Hardship

Revised: June 2020
assistance under the Health Safety Net but have patient contribution requirements greater than $10,000 or (2) meet the Medical Hardship income criteria, but are ineligible for free care because the services received are not hospital-licensed services. In such circumstances:

(i) Financial assistance will be determined after a review of all financial information and circumstances.

(ii) Financial assistance will generally reduce an outstanding balance to 15% of annual income absent significant assets.

(iii) Financial assistance up to 100% will be considered based on the patient’s particular medical and financial circumstances and must be approved by the Lowell General Hospital Vice President of Revenue or VP Finance/CFO or his/her designee.

(i) Non-U.S. citizens will be eligible to extent allowed by law and must be considered on a case by case basis based on their financial situation as additional investigation may be required to determine and assess their insurance coverage and financial circumstances.

2. Eligibility Period

If a patient is determined to be eligible for financial assistance under the Hospital Financial Assistance Program, the determination will apply to all outstanding balances due to the hospital (including accounts referred to collection agencies) for Medically Necessary services covered by the financial assistance.

The determination that a patient is eligible for financial assistance under the Hospital Financial Assistance Program will be effective for one year from the date of determination, unless over the course of that year the patient’s family income or insurance status changes to such an extent that the patient becomes ineligible. Patients will be expected to update their financial information in the event of a change.

3. Level of Financial Assistance

Patients who qualify for the Hospital Financial Assistance Program (FAP) will be eligible for financial assistance to the extent described below.
Financial assistance is available to qualifying patients for outstanding charges for medically necessary services not covered by the State Programs, the Health Safety Net or other third parties based on income levels.

Financial assistance is available to patients for outstanding deductibles, co-payments or co-insurance based on income levels.

4. **Determining the Financial Assistance Adjustment**

Individuals eligible for financial assistance under this policy shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance. This value shall be calculated using the "look-back" method based on actual paid claims from Medicare fee-for-service and private health insurers. Effective 10/1/2018, **the AGB is 33.65%. This is updated annually. This has been calculated using Medicare and Private Plans blending.**

Previous AGB Rates:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>AGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/2018</td>
<td>N/A</td>
<td>33.65%</td>
</tr>
<tr>
<td>9/1/2017</td>
<td>9/30/2018</td>
<td>38.55%</td>
</tr>
<tr>
<td>7/8/2016</td>
<td>8/31/2017</td>
<td>39.64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income as a percentage of Federal Poverty Income Guidelines</th>
<th>LGH Financial Assistance for &quot;Non-covered&quot; medically necessary</th>
<th>LGH Financial Assistance for co-pays or deductibles*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%-200%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>201%-400%</td>
<td>Amounts Generally Billed (AGB)</td>
<td>none</td>
</tr>
</tbody>
</table>

* per inpatient admission or outpatient episode of care

5. **Discounts for FAP-eligible individuals**

Lowell General Hospital will not charge any FAP-eligible individual for emergency and

Revised: June 2020
medically necessary care more than Amounts Generally Billed (AGB) to individuals who have insurance. To calculate the AGB, the hospital uses a look-back method to calculate the average percentage of charges paid by Medicare and private health insurers. Lowell General Hospital calculates the AGB percentage at least once annually. Patients and other members of the public may request, free of charge, the current AGB percentage and the associated methodology by submitting a written request to Lowell General Hospital Attention: Director of Patient Accounts 295 Varnum Avenue Lowell MA 01854. Self-pay patients whose care is assessed with the AGB do not qualify for any further discounts.

If the hospital is not able to determine if an individual is FAP-eligibility, the financial assistance adjustment will be made on the self-pay account prior to any billing of self-pay charges. For these patients, not further discounting is available.

6. **Applying for Financial Assistance under the Lowell General Hospital Financial Assistance Program**

Financial Counseling and application assistance is provided at the following hospital locations:

a) The Lowell General Hospital 295 Varnum Avenue, Lowell, MA 01854 – ground floor Dahod Building in the Patient Service Center
   Monday through Friday from 8:30 am to 4:00 pm

b) The Lowell General Hospital, Saints Campus 1 Hospital Drive, Lowell, MA 01852 – ground floor entrance main lobby
   Monday through Friday from 8:00 am to 4:00 pm

c) Call 978-937-6700 for appointment availability and general questions.
   Monday through Friday from 8:00 am to 4:00 pm

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following documentation:
7. **State Programs**
   If you live in Massachusetts, you may be able to get health insurance or help paying your health care bills through a state program like MassHealth, the Health Connector, or Health Safety Net. Each program has different rules and income limits.

   To find out more and apply:
   - Visit a patient financial counselor at your hospital or health center, or
   - Go to [www.MAhealthconnector.org](http://www.MAhealthconnector.org)

8. **Notification**
   The hospital will post a notice (signs) of availability of financial assistance as outlined in this credit and collection policy in the following locations:
   - e. Service Delivery Areas (e.g., Inpatient, Emergency, and Outpatient, areas);
   - f. Certified Application Counselor offices;
   - g. Admission/registration areas; and/or
   - h. Financial offices that are open to individuals.

   Posted signs will be clearly visible and legible to individuals visiting these areas. The hospital will also include a notice about the availability of financial assistance in all initial bills.

   For a free copy of the entire Financial Assistance Policy and/or an Application for Financial Assistance in Arabic, Greek, Gujarati, Hindi, Khmer, Laotian, Spanish, Portuguese, Vietnamese, patients can:
   - b) The Lowell General Hospital 295 Varnum Avenue, Lowell, MA 01854 – ground floor Dahod Building in the Patient Service Center
   - c) The Lowell General Hospital, Saints Campus 1 Hospital Drive, Lowell, MA 01852 –
ground floor entrance main lobby
d) Send a request by mail to Lowell General Hospital Patient Financial Services 295 Varnum Ave Lowell MA 01854
e) Call Financial Counseling at 978-937-6700.

For patients that do not speak English, translation services will be provided.

The hospital will promote general awareness of financial assistance programs through the following methods:

a) Posting information about financial assistance (including summary, application, and policy) on Lowell General Hospital’s website
b) Providing brochures in waiting rooms and registration areas in the emergency department, urgent care, outpatient areas, and inpatient areas
c) Creating a document that summarizes the financial assistance policy, which is given to admitted patients by hospital team members and sent with patient statements
d) Ensuring free copies of financial assistance documents (policy, application, and summary) can be obtained within the facility and by mail
e) Providing information about the policy and how to apply during verbal communication about the patient's bill (e.g., phone calls)
f) Ensuring designated staff are knowledgeable of the financial assistance policy and can answer patients’ questions or refer patients to the program
g) Notifying local physician practices and representatives of community and social service agencies, including Circle Health Physicians, Inc., and other non-affiliated community physician offices about the availability of financial assistance at Lowell General Hospital and how interested individuals can apply
h) Providing brochures and copies of the summary of our assistance policy to local physician offices and community agencies, including all Circle Health Physicians, Inc. offices

9. **Actions in the event of non-payment**

The collection actions Lowell General Hospital may take if a financial assistance application and/or payment is/are not received are described in a separate policy.

In brief, Lowell General Hospital will make certain efforts to provide uninsured patients with information about our financial assistance policy, such as including a summary of it with billing statements, before we or our collection vendors take certain actions to collect your
bill (these actions may include charging of interest, some civil actions, or reporting of outstanding debt to credit bureaus). The hospital will not undertake any “extraordinary collection activities” until such time as the hospital has made a reasonable effort and followed a reasonable review of the patient’s financial status, which will determine that a patient is entitled to financial assistance or exemption from any collection or billing activities as defined in the Lowell General Hospital Credit and Collection Policy.

The Patient Accounting Department has specific internal policy and procedure to review all accounts before any extraordinary collection activities. Under the direction of the Director of Patient Accounts and the Chief Financial Officer, the process for extraordinary collection activities will be monitored and adhered to according to hospital policy and any limitations applied by the Finance Committee of The Board which restrict specific extraordinary collection activities until approved by the Board or designated Board committee. When the collection routine has been followed and the self-pay balance remains unpaid, the Patient Financial Service Manager will assign the account to bad debt status in accordance with hospital policy and procedure. The hospital will strive to assign all accounts within 180 days from the self-pay liability, but not less than 120 days from the first post discharge billing statement. All self-pay balances will be dunned at least every 30 days. The messages on the data statement will clearly note the amount due. All collection activity will be noted on the patient accounts. These notes will reflect dates, including years, action taken, by whom, with whom, results of any action, and any other pertinent information. The system will record who made the notes entry. No extraordinary collection activities will be pursued until these steps have been completed and validated.

For more information on the steps Lowell General Hospital will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Lowell General Hospital Credit and Collection Policy.

You can request a free copy of this policy at Lowell General Hospital Cashier’s Office located at 295 Varnum Avenue Lowell MA 01854 or request a free copy by mail by calling 978-937-6600 and selecting option 0 or mailing a request to Lowell General Hospital Patient Accounts, 295 Varnum Avenue Lowell MA 01854 or access it free of charge online here: http://www.lowellgeneral.org/patients-and-visitors/for-patients/while-you-are-here/financial-concerns/credit-and-collection-policy

10. Ensuring Compliance

On an annual basis, the Director of Patient Accounting or designee and/or the responsible
Vice President or designee, will perform an audit to include:

a) a random sampling of billing statements to ensure it includes all information required,
b) a visit to each physician office and registration point within the hospital to ensure each point of entry has access to the updated financial assistance policy, as well as updated financial assistance applications and staff are informed on how to inform patients of each, an audit of the website to ensure the application and policy are still easily accessible,
c) a look-back to ensure the then reimbursement rates of the payers being used to calculate an average of "amounts generally billed" does not fall below that of what a patient who qualifies for financial assistance is being billed.

If you think you may be eligible for financial assistance or other public assistance programs, and would like more information, please contact the Financial Counseling office at the hospital or call (978) 937-6700.
APPENDIX A

Financial Assistance Policy: Plain Language Summary

- **Financial Assistance Offered**
  Lowell General Hospital takes pride in providing the best care for every patient. Lowell General Hospital offers financial assistance to patients unable to pay for emergency and medically necessary care.

- **Am I Eligible?**
  Patients who have the means to pay are expected to pay for services received at Lowell General Hospital. However, eligibility for financial assistance is available to you and is based on multiple factors, including insurance coverage, income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, residency, and other medical bills.

  Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.

  Patients must fully comply with the application process, including submitting tax returns, bank statements and pay stubs, as well as, completing the application process for all available sources of assistance, including MassHealth (Medicaid) or other federal programs.

- **How do I apply?**
  If you are unable to pay, visit our website at [http://www.lowellgeneral.org/patients-and-visitors/for-patients/while-you-are-here/financial-concerns/patient-financial-assistance](http://www.lowellgeneral.org/patients-and-visitors/for-patients/while-you-are-here/financial-concerns/patient-financial-assistance), where you can access, download, and print information about Lowell General Hospital’s Financial Assistance Policy and the Application Form. You may also request the Financial Assistance Policy be mailed to you. To schedule an appointment with a Financial Counselor call 978-937-6700.

- **Exclusions**
  The policy only applies to emergency and medically necessary services rendered at Lowell General Hospital. It does not apply to services rendered by independent physicians or practitioners that are not employed by Lowell General Hospital. This includes anesthesiologists, radiologists, pathologists, pain medicine, and laboratory specimens analyzed outside of Lowell General Hospital.

- **Other**
  No individual who is eligible for financial assistance will be charged more than amounts generally billed (AGB) for emergency or other medically necessary care.

- **For Non-English Speakers**

- **Financial Counselors Contact Information**

<table>
<thead>
<tr>
<th>Lowell General Hospital, Main Campus</th>
<th>Lowell General Hospital, Saints Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>295 Varnum Ave</td>
<td>1 Hospital Dr.</td>
</tr>
<tr>
<td>Lowell MA 01854</td>
<td>Lowell MA 01852</td>
</tr>
<tr>
<td>Ground Floor Dahod Building, Patient Service Center</td>
<td>Ground floor, Main Lobby</td>
</tr>
<tr>
<td>978-937-6700</td>
<td>978-937-6700</td>
</tr>
</tbody>
</table>

Revised: June 2020
APPENDIX B

A. HOSPITAL LOCATIONS WHERE PATIENTS MAY PRESENT:
This policy applies to all emergency and medically necessary care provided by Lowell General Hospital and any substantially related entity of the Hospital. All patients are able to seek emergency level services and urgent care services when they come to the hospital emergency department or designated urgent care areas. However, patients with emergent and urgent conditions may also present in a variety of other locations, including but not limited to Labor and Delivery, ancillary departments, hospital clinics and other areas, including substantially-related entities in the hospital. The hospital also provides other elective services at the main hospital, clinics and other outpatient locations, including but not limited to the following:

a. The Surgery Center – North Chelmsford
b. Anticoagulation Management Services - Tewksbury
c. Pain Management Center – 2 Hospital Dr. Lowell
d. Patient Service Center – Main campus
e. Patient Service Center – Saints campus
f. Patient Service Center – North Chelmsford
g. Patient Service Center – Tewksbury
h. Patient Service Center – Billerica
i. Patient Service Center - Dracut
j. Patient Service Center – Westford
k. Patient Service Center - Pelham
l. Physical Therapy and Occupational Therapy Services – Village Sq. Chelmsford
m. Center for Weight Management – North Chelmsford
n. Center for Weight Management – North Andover
o. Lowell General Hospital Outpatient Services at Lowell Community Health Center
p. Shields MRI at Lowell General Hospital – North Chelmsford
q. New England PET Imaging Center - Lowell

B. HOSPITAL PROVIDERS

Each of these providers or provider groups provides services at a hospital location, however they do not offer the same financial assistance program as Lowell General Hospital.

Revised: June 2020
Hospital-based providers are as follows:

a. Commonwealth Radiology Associates
b. Merrimack Valley Emergency Associates
c. New England Inpatient Specialist Adult Hospitalists
d. Pathology Associates of Lowell
e. Merrimack Valley Cardiology
f. Lowell Anesthesiology Services, Inc.
g. Pediatrics Hospitalist Program
h. Tufts Intensivist Program
i. Cancer Care Associates
j. Radiation Oncology Associates
k. Dr. Ramesh Donepudi (Sleep Lab)
l. Lung Specialists of Merrimack Valley (Dr. Desai - Sleep Lab)
m. Benjamin Henkle, MD LLC (Pain Clinic)
n. Surgi-Care (Durable Medical Equipment supplier)