

Boston Health Care for the Homeless Program

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Boston Health Care for the Homeless Program

CREDIT AND COLLECTION POLICY

1. GENERAL FILING REQUIREMENTS

1.1 Electronic Filing: Boston Health Care for the Homeless Program (BHCHP) will electronically file its Credit & Collection Policy with the Health Safety Net (HSN) Office within 90 days of adoption of amendments to this regulation that would require a change in the Credit & Collection Policy; when the health center changes its Credit & Collection Policy; or when requested by the HSN Office.

2. GENERAL DEFINITIONS

2.1 Emergency Care Definition: Not applicable because BHCHP is a Community Health Center.

2.2 Urgent Care Definition: Medically necessary services provided in a Hospital or community health center after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent lay person would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing a patient's health in jeopardy; impairment to bodily function; or dysfunction of any bodily organ or part. Urgent care services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health. Urgent care services do not include elective or primary care.

3. GENERAL COLLECTION POLICIES AND PROCEDURES

3.1 Standard Collection Policies and Procedures for Patients

A. Boston Health Care for the Homeless Program (BHCHP) makes reasonable efforts prior to or during treatment to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor. BHCHP's staff collects registration information for all first-time patients by entering it in our practice management system. The information collected includes questions on the patient's insurance status, residency status, and financial status, and BHCHP provides assistance, as needed, to the patient in obtaining the needed information. A patient who states that they are insured will be verified via the insurance portal to enable BHCHP to bill the insurer. BHCHP staff members ask returning patients, at the time of visit, whether there have been any changes in their insurance coverage status. If there has been a change, the new information is recorded in the center's practice management system and the patient advised or assisted to inform MassHealth of the change.

B. BHCHP undertakes the following reasonable collection efforts for patients who have not provided complete eligibility documentation, or for whom insurance payment may be available:

1. An initial bill is sent to the party responsible for the patient's financial obligations;
 2. Subsequent billings, telephone calls, and any subsequent notification method that constitute a genuine effort to contact the party which is consonant with patient confidentiality are sent;
 3. Efforts to locate the patient or the correct address on mail returned as an incorrect address are documented; and,
 4. A final notice is sent by certified mail for balances over \$1000, where notices have not been returned as an incorrect address or as undeliverable.
- C. Cost Sharing Requirements.** BHCHP staff members inform patients who are responsible for paying co-payments in accordance with 101 CMR 613.04(6)(b) and deductibles in accordance with 101 CMR 613.04(6)(c), that they will be responsible for these co-payments.
- D. Low Income Patient Co-Payment Requirements.** BHCHP requests co-payments of \$1 for antihyperglycemic, antihypertensive, and antihyperlipidemic generic prescription and \$3.65 for generic and brand-name drugs from all patients over the age of 18, with the exception of pregnant or postpartum women, up to a maximum pharmacy co-payment of \$250 per year.
- E. Health Safety Net - Partial Deductibles/Sliding Fees:** For Health Safety Net - Partial Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL, the health center determines their deductible (40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBF) and 200% of the FPL). If any member of the PBF has an FPL below 150.1% there is no deductible for any member of the PBF. The Patient is responsible for 20% of the HSN payment for all services, with the exception of pharmacy services, provided up to this Deductible amount. Once the Patient has incurred the Deductible, the patient is no longer required to pay 20% of the payment. Only one Deductible is allowed per PBF approval period.

3.2 Policies and Procedures for Collecting Financial Information: All patients who wish to apply for HSN or other public coverage are required to complete and submit a MassHealth/Connector Care Application using the eligibility procedures and requirements applicable to MassHealth applications under 130 CMR 502.000 or 130 CMR 515.000.

- A. Determination Notice.** The Office of Medicaid or the Commonwealth Health Insurance Connector will notify the individual of his or her eligibility determination for MassHealth, Commonwealth Care, or Low Income Patient status.
- B. The Division's Electronic Free Care Application** issued under 101 CMR 613.04(2)(b)(3) may be used for the following special application types:
1. Minors receiving Confidential Services may apply to be determined a Low Income Patient using their own income information and using the Division's Electronic Free Care Application. If a minor is determined to be a Low Income Patient, the health center will submit claims for confidential Services when no other source of funding is available to pay for the services confidentially. For all other services, minors are subject to the standard Low Income Patient Determination process.

2. An individual seeking eligible service who has been battered or abused, or who has a reasonable fear of abuse or continued abuse, may apply for Low Income Patient status using his or her own income information. Said individual is not required to report his or her primary address.

Presumptive Determination. An individual may be determined to be a Low Income Patient for a limited period of time, if on the basis of attested information submitted to the health center on the form specified by the Health Safety Net Office, the Provider determines the individual is presumptively a Low Income Patient, The health center will submit claims for Reimbursable Health Services provided to individuals with time-limited presumptive Low Income Patient determinations for dates of service beginning on the date on which the Provider makes the presumptive determination and continuing until the earlier of: a. The end of the month following the month in which the Provider made the presumptive determination if the individual has not submitted a complete Application, or b. The date of the determination notice described in 101 CMR 613.04(2)(a) related to the individual's Application.

3.3 Emergency Care Classification: Not applicable because BHCHP is a Community Health Center.

3.4 Policy for Deposits and Payment Plans: BHCHP's billing department provides and monitors Deposits and Payment Plans as described in Section 5 of this policy for qualified patients as described in 101 CMR 613.08. Each payment plan must be authorized by the Billing Manager or other authorized BHCHP staff member.

3.5 Copies of Billing Invoices and Notices of Assistance

- A. Billing Invoices: The following language is used in billing statements sent to low income patients: "If you are unable to make payment in full due to financial difficulties, you may be eligible for a discount and/or a cap on charges, and in some cases, charges incurred for services provided outside of BHCHP may be counted to meet the cap. Please do not hesitate to call patient billing at 857-654-1000 for financial assistance."
- B. Notices: BHCHP provides all applicants with notice of the availability of financial assistance programs, including MassHealth, subsidized Health Connector Programs, HSN and Medical Hardship, for coverage of services exclusive of personal convenience items or services, which may not be paid in full by third party coverage. BHCHP also includes a notice about Eligible Services and programs of public assistance to Low Income Patients in its initial invoices, and in all written Collection Actions. All applicants will be provided with written notice of approval for Health Safety Net or denial of Health Safety Net once this has been determined. The following language is used in billing statements sent to low income patients: "If you are unable to make payment in full due to financial difficulties, you may be eligible for a discount and/or a cap on charges, and in some cases, charges incurred for services provided outside of BHCHP may be counted to meet the cap. Please do not hesitate to call patient billing at 857-654-1000 for financial assistance." BHCHP will notify the patient that the Provider offers a payment plan if the patient is determined to be a Low Income Patient or qualifies for Medical Hardship.
- C. Signs: BHCHP posts signs in clinic and registration areas and in business office areas that are customarily used by patients that conspicuously inform patients of the availability of financial assistance and programs of public assistance and the office at which to apply for

such programs. Signs will be large enough to be clearly visible and legible by patients visiting these areas. All signs and notices will in English and any other language(s) used by 10% or more of the residents in BHCHP's service area.

3.6 Discount/Charity Programs for Uninsured Patients: BHCHP has established a sliding fee discount policy for all patients. The sliding fee is based on family size and family income in accordance with guidelines based on the Federal Poverty Income Levels. These fees shall be applicable to patients if it is determined that patient does not qualify for or cannot potentially be enrolled in any government assisted program or health care plan. The Sliding Fee Discount Policy appears in BHCHP Program-Wide Policies and is accessible from the BHCHP website.

3.7 Hospital's deductible payment option at each HLHC, satellite or student health center: Not applicable because BHCHP is a Community Health Center.

3.8 Full versus 20% deductible payment option for partial HSN patients at HLHC, satellite, and/or student health center: Not applicable because BHCHP is a Community Health Center.

3.9 Community Health Center (CHC) charge of 20% of deductible per visit to all partial HSN patients: BHCHP charges HSN-Partial Low Income Patients 20% of the HSN payment for each visit, to be applied to the amount of the Patient's annual Deductible until the patient meets the Deductible.

3.10 Direct Website or URL where the provider's Credit & Collection Policy and other financial assistance Policies are posted: www.bhchp.org

3.11 Provider Affiliate List effective the first day of the acute hospital's fiscal year beginning after December 31, 2016: Not applicable because BHCHP is a Community Health Center.

4. COLLECTION OF FINANCIAL INFORMATION

4.1 Services: BHCHP makes reasonable efforts, as soon as reasonable possible, to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor.

4.2 Inpatient Verification: Not applicable because BHCHP is a Community Health Center.

4.3 CHC Financial Verification: BHCHP makes reasonable efforts to verify all patient-supplied information at the time the patient receives the services. The verification of patient-supplied information may occur at the time the patient receives the services or during the collection process as defined below:

- A. Verification of gross monthly-earned income is mandatory and shall include, but not be limited to, the following:
 - a. Two recent pay stubs;
 - b. A signed statement from the employer; or,
 - c. The most recent U.S. tax return.

- B. Verification of gross monthly-earned income is mandatory and shall include, but not be limited to, the following:
 - a. A copy of a recent check or pay stub showing gross income from the source;
 - b. A statement from the income source, where matching is not available; or,
 - c. The most recent U.S. Tax Return.

- C. Verification of gross monthly income may also include any other reliable evidence of the applicant's earned or unearned income. For patients whose homeless status renders them unable to provide any form of earned or unearned income, a recent MassHealth acceptance may be used as a proxy for annual income.

5. DEPOSITS AND PAYMENT PLANS

5.1 Deposit requirement for Emergency Services and Low Income patients: BHCHP does not require pre-treatment deposit from Low Income patients.

5.2 Deposit Requirement for Partial-HSN Low Income Patients: BHCHP does not require a deposit from individuals determined to be Low Income Patients.

5.3 Deposit Requirement for Medical Hardship Patients: BHCHP does not require a deposit from patients eligible for Medical Hardship.

5.4 Interest Free Payment Plan on Balance less than, and greater than \$1000: BHCHP will offer payment plans to Low Income and Medical Hardship patients with balances interest-free payment plans with monthly payments of no more than \$25. If the balance is less than \$1000, this will be for one year; if it is greater than \$1,000 it will be for two years.

6. POPULATIONS EXEMPT FROM COLLECTION ACTION

6.1 MassHealth, Emergency Aid to the Elderly, Disabled, and Children EAEDC Enrollees: BHCHP does not bill patients enrolled in MassHealth, patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program, except that BHCHP may bill patients for any required co-payments and deductibles. BHCHP may initiate billing for a patient who alleges that he or she is a participant in any of these programs but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in any of the above listed programs, and receipt of the signed application, BHCHP will cease its collection activities.

6.2 Participants in CMSP with Modified Adjusted Gross Income (MAGI) under 300% FPL: Participants in the Children's Medical Security Plan whose Family Income is equal to or less than 300% of the FPL are also exempt from Collection Action. BHCHP may initiate billing for a patient who alleges that he or she is a participant in the Children's Medical Security Plan, but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in the Children's Medical Security Plan, BHCHP will cease all collection activities.

6.3 Low Income Patients except Dental – Full HSN: Low Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income equal or less than 150.1% of the FPL, are exempt from Collection Action for any Eligible Services rendered by

BHCHP during the period for which they have been determined Low Income Patients, except for co-payments and deductibles. BHCHP may continue to bill Low Income Patients for Eligible Services rendered prior to their determination as Low Income Patients, after their Low Income Patient status has expired or otherwise been terminated.

6.4 Low Income Patients – Partial HSN: Low Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 200.1% and 300.1% of the FPL are exempt from Collection Action for the portion of their bill that exceeds the Deductible and may be billed for co-payments and deductibles as set forth in 101 CMR 13.04(6)(b) and (c). BHCHP may continue to bill Low Income Patients for services rendered prior to their determination as Low Income Patients, after their Low Income Patient status has expired or otherwise been terminated.

6.5 Low Income Patient Consent to billing for non-reimbursable services: BHCHP may bill Low Income Patients for services other than Eligible Services provided at the request of the patient and for which the patient has agreed in writing to be responsible.

6.6 Low Income Patient Consent Exclusion for Medical Errors, including Serious Reportable Events (SRE): BHCHP will not bill low income patients for claims related to medical errors occurring on BHCHP's premises.

6.7 Low Income Patient Consent Exclusion for Admin/Billing Errors: BHCHP will not bill Low Income Patients for claims denied by the patient's primary insurer due to an administrative or billing error.

6.8 Low Income Patient Consent for CommonHealth one-time deductible billing: At the request of the patient, BHCHP may bill low income patient in order to allow the patient to meet the required CommonHealth one-time deductible as described in 130 CMR 506.009.

6.9 Medical Hardship Patient & ERBD Eligible for Medical Hardship: BHCHP will not undertake a Collection Action against an individual who has qualified for Medical Hardship with respect to the amount of the bill that exceeds the Medical Hardship contribution.

6.10 Provider fails to submit Medical Hardship application: BHCHP will not undertake a Collection Action against any individual who has qualified for Medical Hardship with respect to any bills that would have been eligible for HSN payment in the event that BHCHP has not submitted the patient's Medical Hardship documentation within 5 days.

7. MINIMUM COLLECTION ACTION

BHCHP makes the same effort to collect accounts for Uninsured Patients as it does to collect accounts from any other patient classifications.

The minimum requirements before writing off an account to the Health Safety Net include:

7.1 Initial Bill: BHCHP will send an initial bill to the patient or to the party responsible for the patient's personal financial obligations.

7.2 Collection action subsequent to Initial Bill: BHCHP will use subsequent bills, phone calls, collection letters, personal contact notices, and any other notification method that constitutes a genuine effort to contact the party responsible for the bill.

7.3 Documentation of alternative collection action efforts: BHCHP will document alternative efforts to locate the party responsible or the correct address on any bills returned by the USPS as “incorrect address” or “undeliverable.”

7.4 Final Notice by Certified Mail: BHCHP will send a final notice by certified mail for balances over \$1,000 where notices have not been returned as “incorrect address” or “undeliverable.”

7.5 Continuous Collection Action with no gap exceeding 120 days: BHCHP will document that the required collection action has been undertaken on a regular basis and, to the extent possible, does not allow a gap in this action greater than 120 days. If, after reasonable attempts to collect a bill, the debt for an Uninsured Patient remains unpaid for more than 120 days, BHCHP may deem the bill to be uncollectible and bill it to the Health Safety Net Office.

7.6 Collection Action File: BHCHP maintains a patient file which includes documentation of the collection effort including copies of the bill(s), follow-up letters, reports of telephone and personal contact, and any other effort made.

7.7 ERBD claim and EVS check: Not applicable because BHCHP is a Community Health Center.

7.8 HLHC Bad Debt claim and EVS check: Not applicable because BHCHP is a Community Health Center.

7.9 CHC Bad Debt claim and EVS check: BHCHP may submit a claim for Urgent Care Bad Debt for Urgent Care Services if:

A. The services were provided to:

1. An uninsured individual who is not a Low Income Patient. BHCHP will not submit a claim for a deductible or the coinsurance portion of a claim for which an insured patient is responsible. BHCHP will not submit a claim unless it has checked the REVS system to determine if the patient has filed an application for MassHealth; or
2. An uninsured individual whom the health center assists in completing a MassHealth application and who is subsequently determined into a category exempt from collection action. In this case, the above collection actions will not be required in order to file.

B. BHCHP provided Urgent Services as defined in 101 CMR 613.02 to the patient. BHCHP may submit a claim for all Eligible Services provided during the Urgent Care visit, including ancillary services provided on site.

C. The responsible provider determined that the patient required Urgent Services. BHCHP will submit a claim only for urgent care services provided during the visit.

D. BHCHP undertook the required Collection Action as defined in 101 CMR 613.06(1)(a) and submitted the information required in 101 CMR 613.06(1)(b) for the account; and

E. The bill remains unpaid after a period of 120 days.

8. AVAILABLE THIRD PARTY RESOURCES

8.1 Diligent efforts to identify & obtain payment from all liable parties: BHCHP will make diligent efforts to identify and obtain payment from all liable parties.

8.2 Determining the existence of insurance, including motor vehicle liability: In the event that a patient seeks care for an injury, BHCHP will inquire as to whether the injury was the result of a motor vehicle accident; and if so, whether the patient or the owner of the other motor vehicle had a liability policy. BHCHP will retain evidence of efforts to obtain third policy payer information

8.3 Verification of patient's other health insurance coverage: At the time of application, and when presenting for visits, patients will be asked whether they have private insurance. BHCHP will verify, through EVS, or any other health insurance resource available to the health center, on each date of service and at the time of billing.

8.4 Submission of claims to all insurers: In the event that a patient has identified that they have private insurance, BHCHP will make reasonable efforts to obtain sufficient information to file claims with that insurer; and file such claims.

8.5 Compliance with insurer's billing and authorization requirements: BHCHP will comply with the insurer's billing and authorization requirements.

8.6 Appeal of denied claim: BHCHP will appeal denied claims when the stated purpose of the denial does not appear to support the denial.

8.7 Return of HSN payments upon availability of 3rd-party resource: For motor vehicle accidents and all other recoveries on claims previously billed to the Health Safety Net, BHCHP will promptly report the recovery to the HSN. The recovery will be offset against the claim for Eligible Services.

9. SERIOUS REPORTABLE EVENTS (SRE)

9.1 Billing & collection for services provided as a result of SRE: BHCHP shall not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 130.332 for services provided as a result of a SRE occurring on premises covered by a provider's license, if the provider determines that the SRE was:

- a. Preventable;
- b. Within the provider's control; and
- c. Unambiguously the result of a system failure as required by 105 CMR 130.332 (B) and (c).

9.2 Billing & collection for services that cause or remedy SRE: BHCHP shall not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 120.332 for services directly related to:

- a. The occurrence of the SRE;
- b. The correction or remediation of the event; or
- c. Subsequent complications arising from the event as determined by the Health Safety Net office on a case-by-case basis.

9.3 Billing and collection by provider not associated with SRE: BHCHP will submit claims for services it provides that result from an SRE that did not occur on its premises.

9.4 Billing & collection for readmission or follow-up on SRE associated with provider: Follow-up care provided by BHCHP is not billable if the services are associated with the SRE as described above.

10. PROVIDER RESPONSIBILITIES

10.1 Non-discrimination: BHCHP shall not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability, in its policies, or in its application of policies, concerning the acquisition and verification of financial information, pre-admission or pretreatment deposits, payment plans, deferred or rejected admissions, or Low Income Patient status.

10.2 Board approval for legal execution against patient home or motor vehicle: Before seeking legal execution against the personal residence or motor vehicle of a Low Income Patient, BHCHP requires its Board of Directors to approve such action on an individual basis.

10.3 Advise patient on third party liability (TPL) duties and responsibilities: BHCHP will advise patients of the responsibilities described in 101 CMR 613.08(2) at the time of application and at subsequent visits.

11. PATIENT RIGHTS AND RESPONSIBILITIES

11.1 Advise patient on right to apply for MassHealth, Health Connector Programs, HSH, and Medical Hardship: BHCHP informs all patients of their right to apply for MassHealth, Health Connector Programs, HSN, and Medical Hardship.

11.2 Provide individual notice of eligible services and programs of public assistance during the patient's initial registration: BHCHP informs all Low Income Patients and patients determined eligible for Medical Hardship of their right to a payment plan as described in 101 CMR 613.08(1)(f).

11.3 Provide individual notice of eligible services and programs of public assistance when a provider becomes aware of a change in the patient's eligibility for health insurance coverage: BHCHP provides patients with individual notices of eligible services and programs of public assistance when we become aware of a change in the patient's eligibility for health insurance coverage.

11.4 Advise patient of the right to a payment plan: BHCHP informs all Low Income Patients and patients determined eligible for Medical Hardship of their right to a payment plan.

11.5 Advise patient on duty to provide all required documentation: BHCHP advises all patients that they have a duty to provide the health center all required documentation.

11.6 Advise patient on duty to inform of change in eligibility status and available TPL:

BHCHP informs all patients that they have a responsibility to inform the health center and/or MassHealth when there has been a change in their MassHealth MAGI Household Income or Medical Hardship Family Countable Income as described in 101 CMR 613.04(1), insurance coverage, insurance recoveries and/or TPL status.

11.7 Advise patient on duty to track patient deductible: At the time of application, Low Income Partial patients are advised that it is their responsibility to track expenses toward their deductible and provide documentation to the health center that the deductible has been reached when more than one family member has been determined to be a Low Income Patient or if the patient or family members receive Eligible Services from more than one provider.

11.8 Inform the HSN Office or MassHealth of a TPL claim/lawsuit: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP advises the patient of his/her duty to inform the HSN Office or MassHealth of a TPL claim/lawsuit as well as to:

11.9 Advise patient on duty to file TPL claims on accident, injury of loss: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP advises the patient of his/her duty to file TPL claims

11.10 Inform patient on Assigning the right to recover HSN payments from TPL claim proceeds: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP informs the patient that they are required to assign the right to recover HSN payments from the TPL proceeds.

11.11 Inform patient to provide TPL claim or legal proceedings information: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP informs the patient that they are required to provide TPL claims or legal proceedings information.

11.12 Advise patient to notify HSN/MassHealth within 10 days of filing a TPL claim/lawsuit: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP advises the patient that they are responsible to notify HSN/MassHealth of it within 10 days.

11.13 Advise patient of duty to repay the HSN for applicable services from TPL Proceeds: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP advises the patient that they are responsible for repaying the HSN for applicable services from TPL proceeds.

11.14 Provide individual notice of financial assistance during the patient's initial registration with the provider: BHCHP provides individual notice of financial assistance during the patient's initial registration.

11.15 Provide individual notice of financial assistance when the provider becomes aware of a change in a patient's eligibility or health insurance coverage: BHCHP provides individual notice of financial assistance when the provider becomes aware of a change in a patient's eligibility or health insurance coverage.

11.16 Advise patient of HSN limit on recovery of TPL claim proceeds: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, BHCHP advises the patient that recovery from TPL payments is limited to the HSN expenditures for eligible services.

12. SIGNS

12.1 Location of the signs: BHCHP has posted signs in the clinic and registration areas and in business office areas that are customarily used by patients that conspicuously inform patients of the availability of financial assistance programs and the health center location at which to apply for such programs.

12.2 Size of the Signs: The signs are large enough to be clearly visible and legible by patients visiting these areas.

12.3 Multi-lingual signs when applicable: All signs and notices have been translated into the languages spoken by 10% or more of the residents in BHCHP's service area.

12.4 Wording in Signs: The health center signs notify patients of the availability of financial assistance and of programs of financial assistance.

12.5 Credit and Collection Policy available on website: BHCHP Credit and Collection Policy is available at www.bhchp.org

13. SAMPLE DOCUMENTS AND NOTICES

13.1 Assistance notice (non-billing invoice) – Attached

13.2 Assistance program notice in initial bill (billing invoice) – Attached

13.3 Assistance notice in collection actions (billing invoices) – Attached

13.4 Payment plan notice to Low Income or Medical Hardship patients –Attached

13.5 Posted Signs – Sample(s) attached

13.6 Application for Sliding Fee Discount Program

Approved by the Board of Directors of

Boston Health Care for the Homeless Program, Inc.

Date: July 12, 2016

Sample Document
13-1 Assistance Notice

July 6, 2016

John Test
1234 Albany Street
Boston, MA 02118

Dear Mr. Test:

This is a reminder that there is an outstanding balance of \$XXX.XX for services provided to John Test on MM/DD/YYYY.

If your payment is already on its way, we thank you and ask that you please discard this notice. If you are unable to make payment in full due to financial difficulties, you may be eligible for a discount and/or a cap on charges, and in some cases, charges incurred for services provided outside of BHCHP may be counted to meet the cap. Please do not hesitate to call patient billing at 857-654-1000 for financial assistance.

Sincerely,

Patient Billing

Sample Document
13-2 Assistance Program Notice in Initial Bill

Remit payment to:
Boston Health Care for the Homeless
Program Inc
780 Albany Street
Boston, MA 02118-2524
(857) 654-1000

Patient Receipt

Thursday, June 30, 2016

| Amount Due | Amount Paid |
|----------------|---------------|
| \$10.00 | \$0.00 |

Amanda Test
38 Broad St
Fr Bills Place
Quincy, MA 02169

| Date | Description | Check # | Fee | Units | Insurance | Patient |
|------------|---|---------|----------|-------|---------------|----------------|
| | Amanda Test(153482)/Astrea Greig PsyD/856420 | | | | | |
| 06/30/2016 | Psychotherapy, 60 Minutes | | \$225.00 | 1.0 | \$215.00 | \$10.00 |
| 06/30/2016 | Cont Adj Adjustment from Not Insured-ZZ00 | | | | -\$215.00 | \$0.00 |
| | Balance: | | | | \$0.00 | \$10.00 |

Thank you for your payment!

| Deposit | 0-30 | 31-60 | 61-90 | 91-120 | Over 120 | Total Balance | Ins. Balance | Pat. Balance |
|---------|---------|--------|--------|--------|----------|----------------|---------------|----------------|
| \$0.00 | \$10.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$10.00 | \$0.00 | \$10.00 |

If you need assistance with this bill, please call (857)654-1000.

Boston Healthcare for the Homeless Program Inc., 780 Albany Street, Boston, MA 02118-2524, (857)654-1000

Sample Document
13-3 Assistance Notice in Collection Actions

July 29, 2016

John Test
1234 Albany Street
Boston, MA 02118

Dear Mr. Test:

According to our records, you were sent a notice regarding your overdue account and were asked to bring the account current. As of today, there is still an outstanding balance of \$XXX.XX. In order to prevent your account from further action, please make payment within 30 days.

If your payment is already on its way, we thank you and ask that you please discard this notice. If you are unable to make payment in full due to financial difficulties, you may be eligible for a discount and/or a cap on charges, and in some cases, charges incurred for services provided outside of BHCHP may be counted to meet the cap. Please do not hesitate to call patient billing at 857-654-1000.

Attached you will find an itemized invoice for the outstanding balance.

Sincerely,

Patient Billing

Sample Document
13-4 Payment Plan Notice to Low Income or Medical Hardship Patients

July 29, 2016

John Test
1234 Albany Street
Boston, MA 02118

Dear Mr. Test:

According to our records, your balance \$XXX.XX on your account is past due. Please remit payment in full.

If your payment is already on its way, we thank you and ask that you please discard this notice. We understand that many of our patients experience financial difficulties. If this is the case, please let us know so we can assist you in making budget payment arrangements. You may be eligible for a discount and/or a cap on charges, and in some cases, charges incurred for services provided outside of BHCHP may be counted to meet the cap. We want to help you fulfill your commitment without causing overdue hardship, so please do not hesitate to call patient billing at 857-654-1000.

Sincerely,

Patient Billing

NOTICE TO PATIENTS

BHCHP serves all patients regardless of ability to pay.

Discounts for services are offered depending upon family size and income.

Please call patient benefit at 857-654-1000 for financial assistance.

Thank you.

*** * ***

AVÍSO PARA LOS PACIENTES

BHCHP atenderá a todos los pacientes, sin importar su capacidad de pago.

Descuentos en los cargos de salud serán calculados de acuerdo al tamaño de la familia y al nivel de ingreso del paciente.

Para lograr asistencia financiera a pacientes favor llamar a 857-654-1000

Gracias.

Sample Document
13-6 Application for Sliding Fee Discount Program

**Boston Health Care for the Homeless Program's
Sliding Fee Scale / Nominal Fee Eligibility Documentation**

Date of Application: _____

New Patient: _____ Yes / No
(circle one)

Patient Name: _____

Last 4 SSN: _____

Patient Date of Birth: _____

It is the policy of Boston Health Care for the Homeless Program to provide health care services to its patients at a cost that is affordable to its patients. Health Center must know and document how much money patients have in order to provide health care services at an appropriate fee based on Health Center's Sliding Fee Scale / Nominal Fee. This information may also help Health Center to help patients with other programs that offer financial assistance or benefits to patients. If you have any questions about this form, please ask any front desk staff or Julie Jones, Manager of Patient Intake and Benefits Enrollment, jjones@bhchp.org 857-654-1241. Thank you.

Patient's (or Guardian's) Annual Income: _____

Patient's (or Guardian's) Family Size: _____

| Income Type/Document | Income Amount | Copies Provided (X for yes) |
|--|---------------|--------------------------------|
| One-Month's Worth of Pay Stubs | | |
| Employer Report Letter – Income Statement | | |
| TANF Letter | | |
| 1040 Tax Form with all corresponding W-2 for most recent calendar year | | |
| Self Employed Wage Documentation | | |
| Statement of Social Security Benefits (SSI, SSDI, SSRI) | | |
| Military Leave and Earnings Statement | | |
| Foster Care statement from Social Services | | |
| Current statement of Alimony | | |
| Unemployment benefits | | |
| Workers compensation benefits | | |
| Local cash assistance benefits | | |

| Income Type/Document | Income Amount | Copies Provided (X for yes) |
|---|---------------|--------------------------------|
| Pension of Annuities | | |
| Cash amounts received or withdrawn from any source including savings, investments, trust accounts, or other resources readily available | | |
| Patient Report Letter – Income Statement, signed and witnessed by a staff member | | |
| Other: _____ | | |

For patients with no documentation:

I attest that my monthly income is _____ (*enter dollar amount*).
 My housing status makes it difficult for me to retain paperwork; therefore I do not have any documentation of my income at this time.

Signature _____ Date _____

For office use only:

Staff, please check one and write your name below:

The patient IS eligible for a sliding fee discount: _____

The patient IS NOT eligible for a sliding fee discount: _____

Application and Documents Reviewed by: _____