ADMINISTRATIVE POLICY MANUAL

TITLE: Financial Assistance, Credit and Collection	**POLICY NUMBER:** SHS-ADM-073
ORIGINATION DATE: July 13, 2020	**EFFECTIVE DATE:** September 8, 2026

PURPOSE:

The mission of Southcoast Health System (SHS) is to care for and improve health, and to promote the wellness of the individuals and communities it serves. SHS is an integrated health care system that provides health care services through affiliated provider entities, including Southcoast Hospitals Group, Inc. (SHG), Southcoast Physicians Group, Inc. (SPG), Southcoast Visiting Nurse Association, Inc. (SCVNA), Same Day SurgiCare of New England, Inc. d/b/a Southcoast Outpatient Surgery Center (SDS), and Southcoast Long-Term Care Services, Inc. d/b/a Alden Court Nursing Care & Rehabilitation Center (Alden Court). Collectively, all of the SHS-affiliated entities covered by this Policy are referred to as SHS or Southcoast Health below.

This Financial Assistance, Credit and Collections Policy ("Policy") is intended to provide patients with information about Southcoast Health's financial assistance and collection policy, and to establish consistent financial assistance, credit and collection practices throughout SHS.

This Policy applies to all Southcoast Health affiliated entities listed above, provided that where a specific Southcoast entity is listed (e.g., "SHG") the provision of the Policy will apply only to that entity.

AVAILABILITY OF INFORMATION ON FINANCIAL ASSISTANCE:

Information on financial assistance available from SHS, including copies of this Policy and a Plain Language Summary, Applications for Financial Assistance, and financial counselors, are **available in the following locations**:

St. Luke's Hospital
101 Page Street
New Bedford, MA 02740

Charlton Memorial Hospital
363 Highland Avenue
Fall River, MA 02720

Tobey Hospital
43 High Street
Wareham, MA 02571

Southcoast Health Business Center
200 Mill Road
Fairhaven, MA 02719

The information is also available online at: https://www.southcoast.org/financial-assistance/.

SHS posts signage throughout its facilities notifying patients of the availability of financial assistance in commonly spoken languages in the SHS community, including English, Spanish, and Portuguese. SHS uses U.S. Census and/or market data to identify Limited English Proficiency (LEP) populations and translates its Financial Assistance Policy (FAP), application, and Plain Language Summary into each language spoken by the lesser of 1,000 individuals or five percent (5%) of the community served/encountered. Free oral interpretation is available for all other languages.

POLICY ON AVAILABILITY OF FINANCIAL ASSISTANCE AND COLLECTIONS:

SHS renders medically necessary care to all patients in a non-discriminatory manner in accordance with federal and state law. Southcoast Health will 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, preadmission or pretreatment deposits, payment plans, deferred or rejected admissions, or Low-Income Patient (as defined herein) status. In addition, patients requiring emergent services shall not be denied access to care based on ability to pay, insurance coverage or our ability to identify a patient.

Prompt payment of amounts owed for services rendered by SHS is necessary to enable SHS to maintain the high quality of services and continue to provide necessary care to its community. SHS will assist and advise the patients and their families of all health care assistance programs and financial benefits for which they may be eligible. Patients should be aware that SHS reserves the right to defer treatment for certain non-emergent elective care services as determined by a patient's health care provider based on financial considerations in accordance with this Policy and applicable law.

This Policy is based upon industry standards for patient accounting and legal requirements applicable to non-profit charitable health systems, and is intended to enable SHS to provide high quality treatment services (elective and emergent care) to its community and to be able to charge and collect for those services in accordance with applicable legal obligations, including the criteria set forth by the Massachusetts Executive Office of Health and Human Services (EOHHS) regulations at 101 CMR 613.00 (regulations governing criteria for credit and collection policies of acute care hospitals), the Internal Revenue Code Section 501(r), and regulations implemented thereunder at 26 C.F.R. § 1.501(r)-0 *et seq*.

Policy references to Emergent Care shall refer to treatment services for emergency medical conditions as defined under the Emergency Medical Treatment and Active Labor Act (EMTALA) and regulations and guidance issued thereunder. Southcoast Health provides emergency medical care in accordance with EMTALA and all other applicable laws and regulations and will never take actions to discourage individuals from seeking emergency care or interfere with the provision of emergent care. SHS will not delay or deny emergency medical screening or stabilization to inquire about ability to pay or financial assistance eligibility.

Filing and Availability of this Policy

Southcoast Health will publicize the availability of this Policy widely in its community via electronic and hard copy methods, including publication on its website and in marketing materials.

Southcoast Health's Financial Assistance, Credit and Collection Policy is filed with EOHHS's Health Safety Net Office in accordance with 101 CMR 613.08(1)(c)(1).

Southcoast Health publishes this Policy, and its Provider Affiliate lists, as described in 101 CMR 613.08(1)(d) and in 501(r), at https://www.southcoast.org/financial-assistance/.

List of Providers Subject to this Policy

A list of providers who furnish emergency or medically necessary services at SHG locations is available at https://www.southcoast.org/financial-assistance/ which indicates whether the provider is covered by this Policy.

DEFINITIONS:

Amounts Generally Billed (AGB): The amount generally billed by an SHS entity for medically necessary care rendered to individuals with health insurance. SHS calculates AGB annually using the "look-back" method by comparing contractual allowed amounts for medically necessary and emergency care under Medicare and private commercial insurance against gross charges for such medically necessary and emergency care during the prior twelve (12) months.

Emergent Care: Treatment provided at an SHG facility for an emergency medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain and active labor, such that the absence of prompt medical attention could reasonably be expected by a prudent layperson to place the health of the individual (or unborn child) in serious jeopardy or cause serious impairment or dysfunction, as defined under 42 U.S.C. § 1395dd(e)(1).

Elective Care: Medically necessary care required by individuals or families that is appropriate for the maintenance of health and the prevention of illness but does not meet the definition of Emergent Care.

Family Income: Combined total income of all members of a family before taxes, or as defined by the U.S. federal government for purposes of establishing the Federal Poverty Guidelines.

Federal Poverty Guidelines: Income levels set by the U.S. federal government annually used to determine financial eligibility for certain government programs.

Financial Assistance Policy or FAP: A Financial Assistance Policy sets forth the SHS program intended to assist low-income, uninsured and underinsured patients and others facing medical hardship who do not otherwise have the ability to pay for their health care services, in accordance with Section 501(r) of the Internal Revenue Code. Such assistance takes into account each individual's ability to contribute to the cost of his or her care, and applicable laws and regulations governing charity care and discounts for uninsured and underinsured patients. Consideration is also given to patients who have exhausted their insurance benefits and/or who exceed financial eligibility criteria but face extraordinary medical cost. A Financial Assistance Policy and associated program is not a substitute for employer-sponsored, public financial assistance, or individually purchased insurance programs.

Low Income Patient: An individual who meets the criteria to qualify as a Low-Income Patient by the MassHealth Program under 101 CMR 613.04(2).

Real Time Eligibility (RTE): The SHS verification process that checks a patient's insurance status and provides detail of the individual benefits and responsibilities. Co-payment amounts can usually be found by reviewing the RTE response.

Sliding Fee Scale: The sliding fee discount payment scale attached hereto as Attachment A.

Specialty Medication(s): Prescription medications that are filled through the Southcoast Hospitals Group, Inc. Specialty Pharmacy located at 206 Mill Road, Fairhaven, MA 02719.

Third Party Payer: Any individual, entity or program that is or may be responsible for paying all or part of the cost for medical services.

PROCEDURE:

I. Information on Patient Health Coverage and Resources

A. Acquisition of Information

1. It is the patient's (or their representative's) responsibility to provide SHS with accurate information regarding health insurance, address, and applicable financial resource information to determine whether the patient is eligible for coverage through existing private insurance, available public assistance programs, or through any other payment source.

2. At the time a patient service is scheduled, or at the time of patient registration, SHS will obtain and verify the financial information necessary to determine responsibility for payment of SHS services from the patient, a third-party payer, or other guarantor. Policies for gathering and verifying patient information are available in the Patient

Access Policy and Procedure. The policies address registration areas, including clinic, inpatient and emergency services.

3. If the patient or representative is unable to provide the information needed, and provides authorization, SHS will make reasonable efforts to contact relatives or friends involved in the patient's care for additional information while the patient is under care of SHS.

4. This Policy will be administered consistently for all patients, and all information will be obtained and disclosed, in accordance with applicable federal and state privacy and security laws and regulations.

5. A patient previously determined eligible for Health Safety Net (HSN) that interacts with SHS registration personnel will be advised of their responsibilities described in 101 CMR 613.08(2)(b).

6. Financial assistance is available for hospital services in accordance with 101 CMR 613.08(2)(b) and IRC Section 501(r).

7. HSN is a program operated by EOHHS under which SHG is eligible to bill for reimbursement of certain services furnished to Low Income Patients. HSN payments are not available for SPG, SCVNA, SDS or Alden Court services (i.e., for non-hospital services).

B. Price Estimates-Price Transparency and Surprise Billing

1. Prior to an admission, procedure, or service, SHS will provide good faith estimates of charges based on allowed amounts for services as requested by patients or payors, in accordance with applicable law.

2. SHS will attempt to help each patient prepare to be responsible for their estimated cost-sharing obligations for services being received.

3. SHS has made public a list of SHG's standard charges for items and services provided by the hospital, as well as a list of shoppable services, in accordance with federal price transparency law (at 42 U.S.C. § 300gg-18(e)).

4. SHS will provide all out-of-network patients with notices of surprise billing protections under federal and state law and will not balance bill out-of-network patients in violation of applicable law.

C. Requirements for Low Income Patients

1. SHS will work with Low Income Patients in the filing of claims for payment for services with the applicable insurance plan on behalf of the patient where authorized,

as set forth in Section D below. SHS will request assignment of benefits from each patient for payment to be remitted to SHG directly by the patient's insurance plan.

2. Low Income Patients in Massachusetts are obligated to assign to the MassHealth Agency (MHA) or its agent the right to recover an amount equal to the HSN benefits provided from the proceeds of any claim or other proceeding against a third party.

3. Low Income Patients must provide information about the claim or any other proceeding and cooperate fully with MHA, unless MHA determines that cooperation would not be in the best interest of, or would result in serious harm or emotional impairment, to the Low-Income Patient.

4. Low Income Patients must notify the HSN Office or MHA in writing within ten (10) days of filing any claim, civil action or other proceeding.

5. Low Income Patients must repay the HSN Office from the money received from a third party for all HSN services provided on or after the date of the accident or other incident. If the Low-Income Patient is involved in an accident or other incident after becoming HSN eligible, repayment will be limited to HSN services provided as a result of the accident or incident.

D. Submitting Claims to Insurance

1. SHS participates with Third Party Payers through enrollment in federal and state health care programs, managed care agreements, and agreements with third-party administrators. Insurance plans or products in which SHS is not participating are considered out-of-network.

2. SHS will comply with the Third-Party Payer's billing and authorization requirements and will honor all contractual agreements with third parties.

3. SHS will bill patients for cost sharing amounts as defined and allowed by the patient's insurance, such as copays, deductibles, coinsurance or amounts owed for non-covered services as defined by the insurance plan as patient responsibility.

4. SHS will appeal denied claims when the service is payable in whole or in part by a Third-Party Payer.

5. If denial of payment from an insurance plan is the result of an SHS billing or administrative error, SHS will not seek payment from patient, HSN, or other third party.

6. SHS will return any payment received from EOHHS under the HSN program upon receipt of payment from a third party responsible for payment.

II. Eligibility for Financial Assistance and Sliding Fee Scale and Method of Applying for Assistance

A. Eligibility Approval Process

1. SHS allows patients and other members of the public to obtain a free copy of Southcoast Health's Financial Assistance application, which is available (i) through the Southcoast Health website, (ii) in person at Patient Financial Assistance offices, or (iii) through the mail. The application is available in English, Spanish and Portuguese.

2. SHS will review the information provided by or on behalf of each patient to verify identity and shall notify each patient of the availability of financial assistance. SHS will verify reported Family Income and compare the amounts reported to the current Federal Poverty Guidelines.

3. In order to verify Family Income, patients or their representatives will be obligated to provide reasonable evidence of income, which may include, but not be limited to:

   - Recent pay stubs
   - Signed statement from employer
   - Recent U.S. tax returns
   - Evidence of eligibility for MassHealth, or a prior determination of Low-Income Patient status, or similar evidence of eligibility for a state means-tested program.
   - Such other evidence as is agreed to by a representative of SHS with the patient to ensure an equitable determination of eligibility for financial assistance.

4. SHS will review the MassHealth system and any related state databases to determine if a patient is eligible for, or enrolled in, Medicaid or another state assistance program.

5. Patients of SHG with a Family Income at or below 400% of the Federal Poverty Guidelines will be deemed presumptively eligible for financial assistance under this Policy. Patients determined eligible for financial assistance under this Policy within the previous year will also be deemed presumptively eligible absent a known change in circumstances.

B. Financial Assistance and Sliding Fee Scale

1. Patients with a Family Income at or below 200% of the Federal Poverty Guidelines will have no financial responsibility for services received under this Policy. Regarding Specialty Medications, Patients who are determined to be uninsured or underinsured with respect to Specialty Medications and who have a Family Income at or below 400% of the Federal Poverty Guidelines will have no financial responsibility for the cost of such Specialty Medications.

2. Patients with a Family Income 201%-400% of the Federal Poverty Guidelines will be eligible for financial assistance in the form of discounts or free care calculated pursuant to the Sliding Fee Scale set forth on Attachment A.

3. High Medical Costs Discount – Patients with a Family Income at 401% or greater of the Federal Poverty Guidelines may qualify for a 60% discount if their medical bills are 20% or more of their annual Family Income. This discount only applies to medically necessary services for uninsured or residual balances. Cosmetic or non-medical services are not covered or eligible for this discount.

4. In addition, a patient may apply and qualify for medical hardship financial assistance under this Policy in the event allowable medical expenses have so depleted the patient's Family Income and resources that the patient is unable to pay for Emergent Care or Elective Care. A medical hardship determination is a one-time determination related to the receipt of emergency or medically necessary services and does not create a right or claim on future discounts. A patient must complete a Southcoast Health Financial Assistance Application in order to receive a medical hardship determination.

5. No patient eligible for financial assistance hereunder shall be charged more than AGB for emergency or medically necessary services.

6. SHS reserves the right to investigate whether any Third-Party Payers or other responsible parties may be responsible for the costs of a patient's care before awarding financial assistance hereunder.

III. Payments

A. Expectations for Payment

1. Patients or their responsible parties are expected to pay their liability for health care services rendered, except as provided in this Policy.

2. Copayments and/or defined patient cost-sharing liabilities are to be paid at time of service if known and will be requested to be paid at time of service or once known.

3. Low Income Patients and other individuals eligible for financial assistance under this Policy shall not be charged more than AGB for emergency or other medically necessary care.

4. SHS reserves the right to postpone certain non-emergent services to be rendered by SPG, SCVNA, or SDS until such time as patient liability can be paid at time of service in certain circumstances. If SHG seeks to postpone care to be rendered by SHG to a patient based on unpaid patient liability related to prior treatment, SHG shall provide the individual with information about its FAP, along with a deadline beyond which SHG will not accept and process the FAP application submitted (which deadline shall not be within thirty (30) days after the date the notice to the individual

is provided or two hundred and forty (240) days after the date of the first post-discharge notice for the care previously provided). SHS defines the Financial Assistance Application Period as beginning on the date care is provided and ending two hundred and forty (240) days after the first post-discharge billing statement.

5. Payments are accepted in various means, e.g., debit bank card, credit card, check, cash and flexible benefit cards, or through MyChart. Preferred method is through MyChart patient portal that allows payment information to be stored for payment requirements.

B. Deposits

1. SHS reserves the right to request payment of deposits for non-emergent services expected to result in patient liability, except as set forth below. Patients who express an inability to meet the payment or deposit requirements or who have prior balances indicating an inability to meet the deposit requirements will be referred to the Patient Financial Services Department to initiate a SHS Financial Assistance Application as early as possible in the registration process or during the collection process.

2. SHS will not require pre-admission and/or pre-treatment deposits from patients who require Emergent Care or that are determined to be Low Income Patients.

3. SHS may request a deposit from individuals determined to be Low Income Patients. Such deposits will be limited to 20% of the deductible amount up to $500. All remaining balances are subject to the payment plan conditions established in 101 CMR 613.08(1)(f).

4. SHS may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to $1,000. All remaining balances are subject to the payment plan conditions established in 101 CMR 613.08(1)(f).

5. SHS may bill Low Income Patients for services other than Reimbursable Health Services (as defined under 101 CMR 613.02 to refer to medically necessary services eligible for HSN payment provided by SHG to uninsured or underinsured patients financially unable to pay for their care) at the request of the Patient and for which the Patient has agreed to be responsible, except for claims related to medical errors or claims denied by the patient's primary insurer due to an administrative or billing error. SHS must obtain the patient's written consent to be billed for the services rendered.

C. Payment Plans

1. SHS will not require payment plans for patients that are fully exempt from collection action under this Policy or applicable law, including Patients exempt from collection actions per Health Safety Net policy and regulations as set forth under 101 CMR 613.08(3) (e.g., Patients who are receiving governmental benefits under the Emergency

Aid to the Elderly, Disabled and Children program (other than applicable cost-sharing amounts), and Low Income Patients (other than applicable cost-sharing amounts)).

2. Accounts not fully exempt from collection action will be considered eligible for a payment plan when there is no possibility of full third-party reimbursement and a completed Southcoast Health Financial Assistance Application indicates Family Income in excess of 200% of the Federal Poverty Guidelines.

3. A patient with a balance of $1,000 or less is eligible for a payment plan after reasonable efforts to obtain payment in full are exhausted. Patient will be offered at least a one-year interest free payment plan with a minimum monthly payment of no less than $25.

4. A patient who has a balance of more than $1,000, is eligible for a payment plan after reasonable efforts to obtain payment in full are exhausted. Patient may be offered up to a two-year interest free payment plan.

5. Payment plans are expected to remain in good standing and subject to modifications as additional patient liability is incurred. The expectation of a payment plan is that continued collection is not required and payments will be received on time. However, delinquent payment plans are subject to the SHS collection process.

IV. Determination of Bad Debt

A. Third Party Billing Policy

1. When applicable, SHS will bill all third parties prior to patient self-pay billing.

2. SHS will make reasonable efforts to gather and verify third party information.

3. SHS will honor all contractual agreements with third parties.

4. Third party billing will be performed in the ordinary course following the date of service or discharge (as applicable).

B. Self-Pay Determination

1. SHS will consider accounts to be self-pay if the patient meets the following criteria:

- Is not eligible for Low Income assistance, MassHealth or assistance from other government programs.
- Is uninsured or has a balance after insurance; or/and
- Has defaulted on an established payment plan.

2. If all necessary third-party billing information is not available and the patient/guarantor is uncooperative in providing this information, the patient will be considered as self-pay.

3. For individuals determined to be Low Income Patients through the Financial Assistance Policy, the SHS Patient Accounting team reserves the right to consider unpaid debt as charity care. Services rendered prior to date of application that are determined ineligible for any retroactive coverage may be considered charity care by Southcoast Health.

C. SHG Billing and Collection Process

NOTE to Patients: The following billing and collection process applies specifically to SHG services and services furnished by SPG in SHG (hospital inpatient and outpatient) facilities. Southcoast Health entities other than SHG may, but are not required to, follow the specific processes described below.

1. All bills are due and payable when patient liability has been determined.

2. SHG will exercise reasonable collection efforts to collect patient liabilities in accordance with Section 501(r) and HSN regulations (including without limitation as set forth at 101 CMR 613.06). Statements, telephone and email or text are options for patient contact related to self-pay liability requesting payment in full.

3. Bills will be sent out consistent with the following schedule:

   - Day 0 =First Post-Discharge Billing Statement
   - Day 30 =Second Statement
   - Day 60 =Third Statement
   - Day 90 =Final Notice
   - Day 120 = Eligible for ECA (if applicable and subject to approval under this Policy)

4. Further follow-up by the collector occurs at a minimum of one hundred and twenty (120) days in the form of telephone contact whenever possible, statements and/or letters. Prior to initiating any ECAs (as described below), SHG will make at least one attempt to contact the party responsible for payment by telephone and notify them that financial assistance may be available.

5. Every effort is made to assist the patient in resolving billing questions, or insurance discrepancies. Patients will be notified of the availability of financial assistance from Southcoast Health during registration if the patient or representative expresses uncertainty regarding their ability to pay or otherwise requests assistance.

6. If the patient is interested in applying for financial assistance, the patient will be referred to Patient Financial Services.

7. In addition to the reasonable collection efforts, the patient receives a minimum of four (4) statements at thirty (30) day intervals until the account is paid in full or written off as Bad Debt. Each statement shall include a conspicuous written notice that indicates

(a) financial assistance is available, (b) the telephone number to contact for financial assistance, and (c) the direct website address for SHG's financial assistance policies.

8. For uninsured self-pay emergency room cases where an account is being considered by the hospital for application to the HSN as Bad Debt, SHG will ensure the following conditions are met:

   - Account was subject to continuous collection for one hundred and twenty (120) days as required under 101 CMR 613.06 (1)(a)(3)(b)(iv).
   - Eligibility inquiry was made to the MassHealth Medicaid eligibility system (MMIS) to screen for coverage
   - Services qualify as Emergent per the definition of this Policy.
   - For balances of $1,000 and over, a final notice will be sent by certified mail as required by the EOHHS Safety Net Care Pool.

9. Files will include documentation of alternative efforts to locate the party responsible for the obligation or the correct address on billings returned by the post office as "incorrect address" or "undeliverable".

10. If, after following steps 1 through 9, an account is considered to be uncollectible, the account is referred to the Manager of Patient Accounts or designee for Bad Debt write off review.

11. Documentation of continuous collection action will be maintained by paper and/or electronic media, primarily in the Billing & Collections System.

12. SHS shall not seek legal execution against the personal residence or motor vehicle of a Low-Income patient determined pursuant to 101 CMR 613.04 without the express approval of the Southcoast Board of Trustees. All approvals by the Board of Trustees must be made on an individual case by case basis.

D. Extraordinary Collection Actions (ECA)

NOTE to Patients: The following processes and restrictions on the undertaking of extraordinary collection actions (ECA(s)) apply specifically to SHG services and services furnished in SHG (hospital inpatient or outpatient) facilities.

1. SHS will not engage in ECAs (as described below) against a patient or other individual to obtain payment for care provided until SHS has made reasonable efforts to determine whether the individual is eligible for financial assistance, and SHS has determined whether the patient or other individual is exempt from collection action under this Policy or applicable law. SHS will provide a one hundred and twenty (120) days waiting period prior to pursuing collections, measured from the date of the first post-discharge financial statement. During this time, the patients will be able to apply for financial assistance and begin the application process. SH will make reasonable efforts to determine FAP-eligibility, including the following:

- SHS will notify the individual about the FAP.
- In the case of an individual who submits an incomplete FAP application, SHS must provide the individual with information relevant to completing the FAP application.
- In the case of an individual who submits a complete FAP application, SHS will make and document a determination as to whether the individual is FAP eligible.
- SHS will include a plain language summary of its FAP in at least one post-discharge statement.
- SHS will provide each patient owing a balance with a final notice setting forth a deadline date when ECAs may occur, which date shall be at least thirty (30) days from the date of the final notice and at least one hundred and twenty (120) days from the date of the patient's first post-discharge statement.

2. Prior to engaging in an ECA, SHS Revenue Cycle shall submit a written request for approval to the SHS Board of Trustees Finance Committee, which includes (i) information regarding the individual's treatment or services which resulted in a debt, including the bill and any related financial application or information, and the specific timeline of collection efforts to date (including the dates of discharge and dates of all subsequent billing), (ii) a specific description of the ECA to be pursued, including timing and expected outcome, and (iii) such other information as is reasonably requested. It shall be within the sole discretion of the SHS Board of Trustees Finance Committee to recommend approval or disapproval of such ECA to the SHS Board of Trustees, and it shall be within the sole discretion of the SHS Board of Trustees to approve or disapprove of any such ECA. Approval of an ECA by the SHS Board of Trustees must be received in writing prior to undertaking the ECA.

3. For purposes of this Policy, the only ECAs that SHS may undertake are the following:

    - Selling an individual's debt to another party (provided that in the event of such sale the third party shall be required, as a condition of the sale, to not take actions that require a legal or judicial process, and to return or recall the debt if the individual is later determined to be eligible for financial assistance, and provided further that nothing in this FAP or otherwise shall contemplate or authorize the sale of any debt that cannot be sold or is exempt from collection);
    - Reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (provided that in the event such reporting is undertaken and the debt is subsequently paid, SHG shall seek removal of such report from the individual's credit report);
    - Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's non-payment of one or more bills for previously provided care covered under the hospital facility's FAP (provided that nothing herein shall be construed to contemplate or permit deferring or denying Emergent Care).

E. Bad Debt Approval

1. The SHS Credit and Collection Manager or designee reviews the individual account to ensure that all collection efforts have been exhausted, a minimum of one hundred and twenty (120) days has elapsed, and all policies and procedures were followed.

2. SHS will make a final check through the MassHealth system to ensure that the patient is not a Low-Income Patient as defined by EOHHS and has not submitted an application for coverage of the services under a public program, prior to submitting claims to the HSN Office for emergency bad debt coverage of an emergency level service.

3. Following steps 1 & 2, the Manager of Patient Accounts or designee and/or the Director of Patient Accounts will approve the Bad Debt write off.

F. Exceptions

1. Expired Patients

   In the case of an account of an expired patient with no estate identified through the collection process, after one hundred and twenty (120) days, the balance may be deemed Bad Debt following standard collection practices.

2. Bankruptcy

   Patients providing proof of bankruptcy during the collection process will be written off as Bad Debt. SHS and its agents shall not continue collection or billing on a patient who is a member of a bankruptcy proceedings except to secure its rights as a creditor in the appropriate order.

3. Incarcerated Patients

   Patients verified to be incarcerated during the collection process will be written off as Bad Debt after one hundred and twenty (120) days after exhausting collection efforts from any existing Third-Party insurers, following standard collections practices.

G. Special Circumstances

1. Worker's Compensation

   Services related to industrial accidents should be appropriately labeled in the registration record and billed to worker's compensation payer for reimbursement of services.

2. Third Party Liability

   With respect to Motor Vehicle Accidents (MVA) and Third-Party liability, services related to a MVA or other third party should be identified and diligent efforts will be made to bill and collect payment from the responsible party(ies).

3. Victims of Violent Crime

   Services related to victims of violent crimes should be appropriately identified and funds exhausted to offset medical expenses that are not otherwise covered by medical insurance.

4. Confidential Application

   Applications for financial assistance may be submitted under two (2) circumstances and referred to Patient Financial Counseling in order to complete.

   - Minors-Confidential applications may be submitted for minors presenting for family planning services and services related to sexually transmitted diseases without regard to Family Income, as well as for any other services to which the minor may consent under law.

   - Battered or Abused individuals-these individuals may also apply for HSN coverage on the basis of their individual income.

5. Research Studies (clinical trials)

   Services related to research studies should be noted at time of registration for that service and labeled to ensure that charges for these services are submitted to the designated research fund.

V. Serious Reportable Events (SRE)

A. In compliance with 105 CMR 130.332, if an event has been deemed a Serious Reportable Event (SRE) that was preventable and unambiguously the result of a system failure by the Risk Management Department and occurs on SHG or SDS premises, SHS will not charge, bill or otherwise seek payment from HSN, the patient or any other payers. This includes the occurrence of the SRE, the correction or remediation of the SRE, or subsequent complications arising from the SRE.

B. Readmissions to SHG or follow-up care provided by SHG, SPG, SCVNA, SDS or Alden Court are not billable if the services are associated with the SRE.

C. SHS may submit a claim for services it provides that result from an SRE only if such SRE did not occur on SHG or SDS premises or on the premises of another licensed hospital or licensed ambulatory surgery center under common ownership or sharing a common corporate parent with SHG or SDS.

D. A claim for services related to an SRE that did not occur on SHG or SDS premises may be submitted for reimbursement (except as restricted under paragraph (c) above).

VI. Documentation, Governance, and Oversight

Maintenance of Records

- SHS will maintain records documenting claims for eligible Emergent Care Services for Low Income Patients, Emergency Bad Debt services and Medical Hardship services as required by 101 CMR 613, the Internal Revenue Code, and applicable policies and procedures.

- SHS-on behalf of SHG-will file this Credit and Collection Policy electronically with the office of Medicaid, Health Safety Net as required when the policy is changed or when there are regulatory changes promulgated by the Office of Medicaid, Health Safety Net mandating a new policy submission.

Attachments:

Attachment A: Sliding Fee Scale
Attachment B: Award and Denial Letter
Attachment C: Patient Statement
Attachment D: Southcoast Patient Financial Assistance Application
Attachment E: Final Demand Patient Letter

References:

Executive Office of Health and Human Services Policy regulations 101 CMR 613.00 (regulations governing criteria for credit and collection policies of acute care hospitals)
Internal Revenue Code Section 501(r) as required under the Section 9007(a) of the federal Patient Protection and Affordable Care Act (PPACA) (Pub. L. No 111-148).
Executive Office of Health and Human Services Policy regulations 105 CMR 130.332
Public Health Services Act, section 2718(e).
Emergency Medical Treatment and Labor Act (EMTALA) 42 U.S.C. § 1395dd
SPG Collection Policy
Southcoast Health System Price Transparency Policy

Cross-Reference:

None

Review and Approval

The following Southcoast Health personnel approved this policy/procedure.

Date	Contact	Approved By	Description
August 24, 2026	Jadene Elden	Southcoast Policy Committee	Policy was revised by Legal, Compliance and pharmacy team to allow specialty pharmacy financial scale.
January 2025	Jadene Elden	Southcoast Policy Committee	Policy revised in follow-up to Compliance recommendations. Also updated sliding scale federal policy amounts for 2025. .
December 2023	Kristen Santos	Southcoast Policy Committee	Policy revision of the credit & collection policy that includes patient financial assistance and sliding scale.
October 2020	Jadene Elden	Southcoast Policy Committee	Policy was revised to ensure policy is a system policy but adheres to specifics related to SHG, SPG and VNA
June 2020	Jadene Elden	Southcoast Policy Committee	Policy revision for Credit and Collection; combining under a SHS policy versus SHG & SPG to accommodate our SBO patient collection efforts.

Attachment A

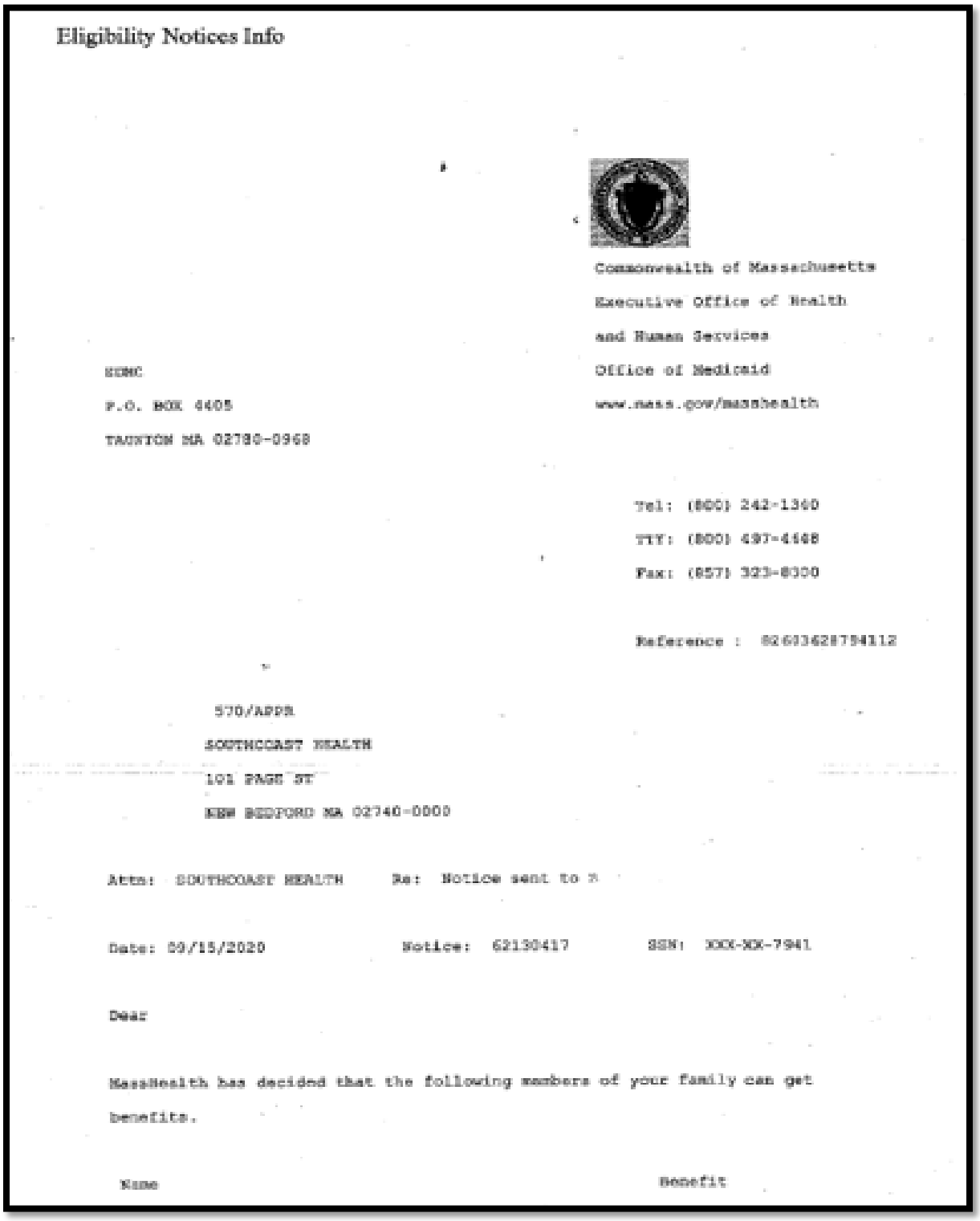
Federal Poverty Guidelines and Eligibility Criteria

* For the most recently published Federal Income Poverty Guide, click on the following link:
Federal Poverty Level (FPL) – Massachusetts Health Connector (mahealthconnector.org)

The family size, income, and Federal Poverty Level guidelines will be used as the primary determinant as described in Section II Page (6-A) & (7-B).

Applied Discounts	100% Free Care Discount	80% Partial Discount	60% Discount Care
Status	A	C	D
Federal Poverty Level (FPL)	<200%	201-300%	301-400%
Family Size = 1	0 - $31,920	$31,921- $47,879	$47,880 - $63,840
2	0 - $43,284	$43,285 - $64,919	$61,920- $86.568
3	0 - $54,648	$54,649 - $81,959	$81,960- $109,284
4	0 - $66,000	$66,001- $98,999	$99,000 - $132,000
5	0 - $77,364	$77,365 - $116,039	$116,040 - $154,728
6	0 - $88,728	$88,729 - $133,079	$133,080 - $177,444
7	0 - $100,080	$100,081 - $150,119	$150,120 - $200,160
8	0 - $111,444	$111,445 - $167,159	$167,160 - $222,888

Attachment B



Eligibility Notices Info

Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/masshealth

EOHHS
P.O. BOX 4405
TAUNTON MA 02780-0968

Tel: (800) 242-1360
TTY: (800) 497-4648
Fax: (857) 323-8000

Reference : 826036287341l2

530/APDR
SOUTHCOAST HEALTH
101 PAGE ST
NEW BEDFORD MA 02740-0000

Attn: SOUTHCOAST HEALTH Re: Notice sent to

Date: 09/15/2020 Notice: 62130417 SSN: XXX-XX-7941

Dear

MassHealth has decided that the following members of your family can get benefits.

Name Benefit

Name	You qualify for these programs	We need proofs from these categories
	ConnectorCare Plan Type 2B with Advance Premium Tax Credit	Proof of Income
	MassHealth Decision Pending	
	MassHealth Family Assistance	-
	MassHealth Family Assistance	Proof of U.S. Citizenship Status Proof of Social Security Number (SSN)

MassHealth Eligibility

Based on your MassHealth income (FPL) you or some of your household members have been approved for coverage through MassHealth. Your MassHealth FPL may be different from the household FPL displayed on this page. You will get a letter from MassHealth in the next 3-5 days with more information about your coverage. You may also go to the **MassHealth website** for more information.

Enroll in a MassHealth health plan now

- If you do not already have health insurance or a health plan through MassHealth, you must pick a plan.
- If you already have private health insurance, you do not need to pick a health plan through MassHealth.
- You may also call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Members of your household who qualify for Health Connector coverage will need to shop for a Health Connector plan separately. To find Health Connector plans for these members, click the "Find a Plan for 2020" button below.

Name	You qualify for these programs	We need proofs from these categories
	Not Eligible	Proof of Residency
	MassHealth Decision Pending	Proof of Social Security Number (SSN)
		Proof of U.S. Citizenship Status
		Proof of Income

NOTE
You may not be able to get or keep your coverage unless you send us the requested proof above.

Important Links

- Learn more about the proofs we need
- Learn more about the next steps you will need to take to enroll in coverage

Verification Date = June 01, 2020

Required Proof

If we could not verify your application information, you may have to send proof to be sure you qualify. **You can submit your application without the proof we need.** For most types of proof, you will only need to send one document. But some types need more than one proof.

Learn more **about proofs and what you need to do**

Attachment C

Southcoast Health
363 Highland Ave
Fall River, MA 02720

Guarantor number
Responsible party:
Statement date: December 08, 2024

Thank you for choosing Southcoast Health!

Please use the QR code below to visit Mychart (https://www.southcoast.org/mychart/) to view and pay your bill in full or setup a payment plan

Account Summary

Total Charges:	$501,085.26
Insurance Paid:	$-497,897.26
You paid:	$-2,705.60
Your total balance:	$482.40
Due: January 15, 2025	$100.00

Pay Online with MyChart

The easiest way to view your statement, make payments, review greater charge detail, and more! Sign up today!
www.Southcoast.org/bill-pay - Use your MyChart account to log in or use this info for guest pay.
Guarantor ID: ------- Name:

Pay by Phone

508-973-1212 or 844-500-1212

Pay by Mail

Send in your check with payment coupon below

Detach the bottom portion to return with your payment

Southcoast Health
363 Highland Ave
Fall River, MA 02720

You Owe: $100.00
Due By: January 15, 2025
Guarantor#:
Amount Enclosed: $
To Pay by credit card visit www.southcoast.org/mychart/

Make checks payable to Southcoast

Southcoast Health Systems, Inc.
PO Box 417976
Boston, MA 02241-7976

0000785522000001 00002

ABOUT YOUR STATEMENT - IMPORTANT!

This statement is only for services provided by Southcoast Hospital Group, Southcoast Physicians Group and the Southcoast Visiting Nurse Association. Every visit will have a unique account number, which is linked to the guarantor number assigned to a patient. You may receive separate statements from other groups for services such as cardiology, anesthesia, pathology, or other specialized professional services. If you have any questions about those bills, please contact the billing agency directly at the phone numbers provided on their statements.

IMPORTANT FINANCIAL NOTICE

If you are unable to pay your bill, you may qualify for Health Safety Net or low-cost health insurance coverage. For assistance in applying for these programs, please contact our Patient Financial Services Department at the number below.

UN MENSAJE IMPORTANTE

Si usted no puede pagar su factura, puede que califique para el programa Health Safety Net o para un seguro médico de bajo costo. Si quisiera ayuda en aplicar para estos programas, por favor llame al número que se indica abajo para contactar a nuestro Departamento de Servicios Financieros al Paciente.

UMA MENSAGEM IMPORTANTE

Se você nao pode pagar sua conta, pode qualificar-se para o programa Health Safety Net ou um seguro de saúde a baixo custo. Obtenha ajuda na aplicação para estes programas ao chamar o número abaixo para entrar em contato com o Departamento de Serviços Financeiros ao Paciente.

FINANCIAL SERVICES REPRESENTATIVES CAN BE REACHED AT

1-800-474-1533 or 508-973-5070

Stay Connected with Your Health Through MyChart Portal

At Southcoast Health, we understand that the most effective health care includes encouraging our patients to be active in their own care. With MyChart, you have a way to be tuned in to your health at your own convenience. This online tool allows you to view your medical records, appointments, and more to interact and stay up-to-date with your health. Additionally, you can view your open account balances, make a payment, or update your insurance information. You can even set up a payment plan that meets your needs. Visit MyChart today!

https://www.southcoast.org/bill-pay/

Attachment D

Patient's Name (if different):	Patient's DOB:	Patient's Medical Record + Account Numbers:

Please list the number of people in your household, DOB, and social security number (optional):

Name: _____ **DOB:** _____ **S.S.:** _____

Name: _____ **DOB:** _____ **S.S.:** _____

Name: _____ **DOB:** _____ **S.S.:** _____

Name: _____ **DOB:** _____ **S.S.:** _____

2 Step: Household Information:

Applicants Employer Name:

Employer Address:

Job Title:	Full-time/Part-time	Hours weekly:	Does anyone have Health Insurance?
Gross Income:	Other Income:	Family Income:	Alimony or Child Support Income:

3 Step: Required Documentation:

Please provide documentation evidencing income, which may include the following documentation:

- ☐ Prior Years Tax Return
- ☐ Medical Expenses
- ☐ Birth Certificate
- ☐ Proof of Citizenship
- ☐ Proof of Residency
- ☐ Social Security Benefits Letter
- ☐ Proof of Support (if applicable).
- ☐ Last 2 Pay Stubs
- ☐ Social Security Card
- ☐ Proof of Immigration Status
- ☐ Letter of Support
- ☐ Unemployment Benefit Letter
- ☐ Pension Benefit Letter
- ☐ Health Insurance Card

Additional Information (e.g., provide details regarding any specific hardship claim):

4 Step: Head of Household Review & Signature:

I hereby affirm that all information in this application is true to the best of my knowledge. I agree to provide any additional information needed upon request.

I hereby authorize Southcoast Health to conduct a review on my personal and family financial status to determine my eligibility for financial assistance. I understand that submission of this application is not a guarantee of free or discounted health care, and I may be responsible of a portion of the costs of my care (or that provided to a family member). I am giving Southcoast Health permission to review this application to determine financial status and obligation.

Applicate Signation: _____ **Date:** _____

Attachment E

Date:

Guarantor Name:
Patient Name:
Address
City and State, zip code

FINAL DEMAND LETTER

ACCOUNT **PAST DUE BALANCE $**

In accordance with the Southcoast Hospitals Group Credit and Collection policy, we are hereby notifying you that **failure to remit payment in full on the above referenced account within the next 10 days** may result in further collection activity by a collection agency or attorney.

If you cannot afford to pay your hospital or doctor bill, you are not alone, and we are ready to help. At Southcoast Health we understand that financial hardships should not prevent you from receiving the care you need and deserve. Our Patient Financial Counselors are available to help you learn more about your medical financial assistance options. They are also available to assist you with determining your eligibility for various health insurance programs and the enrollment process.

Applying for Financial Assistance - If you are unable to pay your bill, please do not hesitate to contact the Patient Financial Services team at **508-973-5070** or you can apply online at **MAhealthconnector.org.** If you currently have medical insurance, we will submit on your behalf.

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Conveniently pay your bill online - Please visit our bill pay website at **southcoast.org/bill-pay** to log into your MyChart account or pay as a guest.

Did you know that you are able to make payments or even set up an automatic interest free payment plan though MyChart? MyChart is secure and an easy way to pay your bill online without exposing your credit card information. To log in, sign up or learn more about MyChart and its features, please visit **southcoast.org/mychart**.

Pay your bill over the phone:
Please call our patient accounts department at **508-973-1212**.

Thank you for choosing Southcoast Health for your healthcare needs.
We appreciate your trust in us and strive every day to provide you with the highest quality and compassionate care.