Southern New Hampshire Health	☒ SNHHS ☐ Medical Center ☐ Foundation Medical Partners
Page 1 of 5	Revision/Review Date: August 25, 2025
Owner: Vice President Revenue Cycle Operations	Approved by: Chief Financial Officer
Manual: Administrative	☒ Level 1: Health System Policy ☐ Level 2: Entity Policy (SNHMC or FMP) Administrative Policy ☐ Level 3: Department Policy ☐ Level 4: Work Instructions/Supporting Documents

TITLE: CHARITABLE CARE

PURPOSE:

Southern NH Health is committed to providing charitable care to persons who have health care needs and are uninsured, underinsured, and ineligible for governmental programs and are otherwise unable to pay for medically necessary care based on their individual financial situations. Southern NH Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Charitable care is not considered to be a substitute for personal responsibility and patients are expected to cooperate with Southern NH Health's policies and procedures for obtaining charitable care and to contribute to the cost of their care based on their individual ability to pay. Patients with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of access to health care services, for their overall personal health and protection of their individual assets.

Since July 2010, the State of New Hampshire has mandated that any uninsured patient who receives non-elective, medically necessary hospital services are billed an amount no greater than the amount generally received from patients covered by insurance. Additionally, the 2015 Federal 501(r) regulations further require that when calculating this discount, Medicare reimbursement must be included. Therefore, Southern NH Medical Center reduces the amounts owed by uninsured patients by the uninsured discount prior to the patients receiving their first statements of balances due. These discounted balances, and not gross charges, are the balances upon which financial assistance is based, granted and classified for reporting purposes.

The Patient Protection and Affordable Care Act of 2010 (PPACA) mandates insurance coverage for individuals starting on January 1, 2014. Additionally, it expands Medicaid coverage to all individuals at or below 100% of the Federal Poverty Level (FPL). The New Hampshire Legislature approved Medicaid expansion effective August 15, 2014. The Granite Advantage Health Care Program (GAHCP) extends NH Medicaid eligibility to all individuals at or below 138% of the Federal Poverty Level.

The granting of charitable care shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

SCOPE:

This Charitable Care policy applies only to charges generated by Southern NH Health. It does not apply to any charges generated by independent physician groups, including, but not limited to, North American Partners in Anesthesia (New Hampshire) or Pathology Specialists of New England.

POLICY:

1. Patients who cannot pay their medical expenses are encouraged to contact Southern NH Health's Financial Counseling department to be screened for all assistance available to them, including Charitable Care under this policy. Patients who do not request and follow through with the screening for financial assistance will have their balances follow the Southern NH Health Patient Accounting Credit & Collections policy.

2. Charity care is only available for medically necessary, urgent or emergent services, and is not available for patient convenience or purely elective services, such as, cosmetic surgery, fertility treatment, sterilization procedures and hearing aids. Determinations of which services are considered purely elective shall be made by Southern NH Health in its sole discretion.

3. Charity care is only available to residents of Southern NH Health's primary and secondary service areas. The following towns are located within these areas.

a. In New Hampshire: Amherst, Brookline, Derry, Greenville, Hollis, Hudson, Litchfield, Londonderry, Lyndeborough, Merrimack, Milford, Mount Vernon, Nashua, New Boston, New Ipswich, Pelham, Salem, Wilton and Windham.

b. In Massachusetts: Dunstable, Pepperell, Townsend and Tyngsboro.

c. Charity care may be extended to residents outside of these areas at the discretion of Southern NH Health.

4. The primary factor in qualifying for charity care will be the patient's or guarantor's income level with consideration given to other available assets. Other circumstances that may constitute eligibility for charity care are hardship due to unemployment, illness, death or medical indigency.

5. The charity care eligibility period is one year prior and six months forward from approval date.

6. Southern NH Health reserves the right to modify charity care eligibility criteria on a case by case basis as needed. Additionally, charitable care may be provided without formal application at the discretion of Southern NH Health.

7. As a member of SolutioNHealth with Elliot Health System, all patients of Southern NH Health who have been granted charitable care by Elliot Health System will be considered to have applied and been awarded for charitable care at Southern NH Health.

PROCEDURE:

1. The public shall be notified of Southern NH Health's charity care program through posted signs in the hospital, an outline of the charity care program in the patient handbook and individual notices to uninsured or self-pay patients.

2. All Southern NH Health patients who are unable to pay their medical expenses will be encouraged to apply for charitable care and will be referred to a Financial Counselor for an application and instructions.

3. If during preadmission, admission or the billing and collection cycle, a patient indicates the inability to pay for the care received, the patient or patient's family will be provided a notice of the availability of charity care and referred to a Financial Counselor.

4. Financial Counselors will advise all applicants as to the availability and eligibility for funds from Local, State and Federal agencies to ensure exhaustion of all other sources of reimbursement prior to approval for charitable care. If a patient refuses to apply for, or follow through with, any application for Local, State and/or Federal financial assistance and that patient is likely to be eligible for the assistance, the patient's charity application will be denied automatically.

   a. Examples of Local, State or Federal assistance include Medicaid, Granite Advantage Health Care Program and the health insurance exchanges.

5. Financial Counselors shall explore all means of receiving payment from third-party payors. If it appears the patient may qualify for public assistance, the Financial Counselor will assist the patient or patient's family in applying for the appropriate program. Upon application for public assistance and confirmation of estimated amounts due from third-parties, the hospital may review and conditionally approve or deny the application for charity care. Conditionally approved charity care would not be available until a denial/payment from the third-party was received.

6. Candidates for charity care must complete an application within 30 days of receipt and provide with the application at least two of the following proofs of income: 3 current payroll stubs, current year federal tax return, W-2 form, written documentation from employer, proof of unemployment/worker's compensation/social security or letter of support from the provider of that support.

7. Charity care applications will be reviewed for the following criteria.

   a. Charity care approval will be based primarily on income, family size and household assets.

      i. Income limits: household incomes equal to or less than 225% of the FPL. The FPL guidelines are updated annually by the federal government. Southern NH Health will update its charity care criteria to reference the updated FPLs on July 1 of each year, to coincide with the start of its fiscal year.

      ii. Asset limits: combined household assets less than $300,000 (land, home equity, savings or retirement account balances, etc.).

   b. In a limited set of circumstances, there may be patients who do not qualify for Local, State or Federal programs for reasons other than income level. Patients who fall into this category will be eligible for charity care if their household income and assets are within the limits stated above.

8. Upon satisfactory completion of the application, which includes submitting proof of income and/or support, it will be reviewed by the Financial Counselor and recommended for approval or denied. Recommended approvals will be reviewed by the Credit and Collections Manager for a final decision. Further approval requirements are based on the account balance and are as follows:

a. Balances below $10,000 require Credit and Collections Manager approval only;

b. Balances between $10,000 and $20,000 require the approval of the Director of Patient Business Services;

c. Balances between $20,000 and $100,000 require the approval of the VP of Revenue Cycle Operations;

d. Balances greater than $100,000 require the approval of the CFO.

9. Patients will be notified within 14 working days of Southern NH Health's decision regarding the charitable care application. Patients who were denied charity may be eligible for other discounts offered by Southern NH Health. Further information regarding discounts and eligibility criteria can be provided by the Financial Counseling Department, or by contacting the Patient Accounting Department. If not eligible for a discount, interest-free payment arrangements are available.

10. Applicants will have the opportunity to appeal any charity care denial directly with the Financial Counselor. If an appeal is requested, the decision will be reviewed by the VP Revenue Cycle Operations, CFO or CEO as appropriate. A written notification of the outcome of the re-review will be issued to the patient within 30 days of the request.

11. The charitable care award will be applied to eligible candidates in the following manner:

a. An approved application for charity care will cover any accounts with dates of service one year prior to the date of the application;

b. An approved application for charity care will cover any future accounts with dates of service up to six months from the date of the application. At the expiration of six months, the patient must reapply and provide all relevant documentation for continued charity status.

c. If a patient was granted charitable care from Elliot Health System, that approval will be applied to patient due balances at Southern NH Health for the duration of that approval.

REQUIRED RECORDKEEPING:

- See above

RELATED DOCUMENTS:

Administrative Policy & Procedure Manual

- *Income Guidelines*
- *Application for Charity Care*

REFERENCES:

☒ Not applicable

REVIEW/REVISION HISTORY:

Date	Changed By	Revision Description
5/29/1997	Issued Date	
1/24/2000	Revised	
2/18/2004	Reviewed	
2/1/2007	Reviewed	
3/7/2008	Revised	
1/20/2010	Revised	
9/14/2010	Revised	
1/19/2012	Revised	
1/1/2014	Revised	
8/1/2014	Revised	
10/1/2016	Revised	
2/28/2017	VP Revenue Operations	Removed reference to non-participation with NHHAN.
04/01/2019	VP Revenue Operations	Revised content to offer reciprocal charity recognition to EHS patients.
08/25/2025	VP Revenue Operations	Revision Reviewed