



**High Point
& Affiliated Organizations**

Inpatient Services

- High Point Hospital
- Dual Diagnosis Services
- Detoxification Services (ATS)
- Clinical Stabilization Services (CSS)
- Clean and Sober Teens Living Empowered (CASTLE)

Section 35 Services

- High Point in Jamaica Plain
- Men's Addiction Treatment Center
- Women's Addiction Treatment Center

Outpatient & Community Services

- Addiction & Mental Health Treatment
- Adolescent & Adult Counseling Services
- Adolescent Community Reinforcement Approach (A-CRA)
- Brockton Area Opioid Abuse Prevention Collaborative
- Children's Behavioral Health Initiative (CBHI)
- Community Support Program (CSP)
- Coordinated Care Network (CCN)
- Domestic Violence Services
- Driver Alcohol Education (DAE)
- Family Services
- Healthy Families
- Here for You
- Intimate Partner Abuse Education Program (IPAEP)
- Medication Management
- Office-Based Opioid Treatment (OBOT)
- Opioid Treatment Program (OTP)
- Prevention Services
- REACH
- Recovery Coach Services
- South Shore Resource & Advocacy Center
- Structured Outpatient Addiction Program (SOAP)
- Substance Abuse Prevention Collaborative

Residential & Shelter Services

- Transitional Support Services (TSS)

- Graduate House
- Harmony House
- Monarch House
- New Chapters
- Unity House
- WRAP House

- Fall River Family Center
- Harbour House Family Center
- Taunton Family Center

- Family Preservation Program (FPP)
- Affordable Housing



High Point Hospital offers financial assistance under a financial assistance policy.

Services eligible under this policy will be discounted to the patient on a sliding scale, in accordance with financial need, based on a comparison of household income to Federal Poverty Level in effect at the time of the determination. The current eligibility levels are:

SLIDING FEE GRID	
Household Income:	Discount
Up to 100% of FPL	100%
Between 101% and 120% of FPL	90%
Between 121% and 140% of FPL	80%
Between 141% and 160% of FPL	70%
Between 161% and 180% of FPL	60%
Between 181% and 200% of FPL	50%
Between 201% and 220% of FPL	40%
Between 221% and 240% of FPL	30%
Between 241% and 260% of FPL	20%
Between 261% and 280% of FPL	10%
Greater than 280% of FPL	0%

A person will not be charged more for medically necessary care than the amount generally billed to individuals who have insurance covering such care. Uninsured and underinsured patients are eligible to apply for financial assistance.

Financial assistance information and the application are available in English and Spanish and can be obtained at High Point Hospital, 52 Oak Street, Middleboro, MA; on our website www.hptc.org/resources/fap; and by calling 774-213-8357 to have one mailed to you. We can also provide the information in other languages if needed.

Completed applications must include the Request for Sliding Fee, including either financial verification or the Authorization to Verify Income.

You may contact the Hospital Administrator at 774-213-8357 if you have questions about financial assistance or need help completing your application.



**High Point
& Affiliated Organizations**

Inpatient Services

- High Point Hospital
- Dual Diagnosis Services
- Detoxification Services (ATS)
- Clinical Stabilization Services (CSS)
- Clean and Sober Teens Living Empowered (CASTLE)

Section 35 Services

- High Point in Jamaica Plain
- Men's Addiction Treatment Center
- Women's Addiction Treatment Center

Outpatient & Community Services

- Addiction & Mental Health Treatment
- Adolescent & Adult Counseling Services
- Adolescent Community Reinforcement Approach (A-CRA)
- Brockton Area Opioid Abuse Prevention Collaborative
- Children's Behavioral Health Initiative (CBHI)
- Community Support Program (CSP)
- Coordinated Care Network (CCN)
- Domestic Violence Services
- Driver Alcohol Education (DAE)
- Family Services
- Healthy Families Here for You
- Intimate Partner Abuse Education Program (IPAEP)
- Medication Management
- Office-Based Opioid Treatment (OBOT)
- Opioid Treatment Program (OTP) Prevention Services
- REACH
- Recovery Coach Services
- South Shore Resource & Advocacy Center
- Structured Outpatient Addiction Program (SOAP)
- Substance Abuse Prevention Collaborative

Residential & Shelter Services

- Transitional Support Services (TSS)

- Graduate House
- Harmony House
- Monarch House
- New Chapters
- Unity House
- WRAP House

- Fall River Family Center
- Harbour House Family Center
- Taunton Family Center

- Family Preservation Program (FPP)
- Affordable Housing



Dear Patient/Guarantor:

High Point Hospital offers financial assistance to eligible individuals, based on financial need, reduced payments or free care. Depending on your family income, you may be eligible for a discount up to 100% of the amount owed on your hospital bill. In order for us to determine if you qualify for a discount, or to determine a monthly payment plan if you do not qualify for a full discount, please complete the enclosed Application for Assistance and provide the following information:

- Most current pay stub showing year-to-date earnings for all working members of the household.
- Support for all other income, including, but not limited to, SSI or other government income, retirement, child support, alimony, food stamps.
- If income verification cannot be provided, please complete authorization to verify income through MA DOR
- Most recent Bank statement for all cash accounts, investments and IRA's representing at least 30 days activity.

If you do not have any income, please provide an explanation as to how you support yourself and your family. Failure to provide complete information may result in delay or denial of your application.

Please return your completed application and the information above to:

High Point Hospital
52 Oak St
Middleboro, MA 02346

You will be notified of the determination of eligibility within 30 days of receipt of your application.

If you have any questions concerning completion of the application of the required information, please do not hesitate to contact us. The Hospital Administrator can be reached by calling 774-213-8357 during regular business hours, Monday – Friday.

High Point Hospital understands this is sensitive information and respects your privacy. Your information will be safeguarded throughout the process. This information is necessary to complete an assessment of your eligibility for assistance and provide you with the most generous financial assistance program available.

Sincerely,

High Point Hospital
Hospital Administrator

HIGH POINT HOSPITAL

Financial Assistance

Patients with health insurance coverage will be expected to pay deductible balances, estimated coinsurance, and/or any copays due the day they receive services. Deductible and copays are required in accordance with laws and regulations governing the programs and/or benefit plan.

A. Qualifications (One or more of the following)

- Patient has no insurance, third party assistance or funding mechanism to fund their payment obligations;
- Household (a group of two or more people who reside together and who are related by birth, marriage or adoption) income (including unemployment compensation, workers' compensation, Social Security, public assistance, veterans payments, pension or retirement income, alimony, child support from outside the household) is compared to Federal Poverty Level (FPL) using the attached Sliding Fee Grid;
- Underinsured: You would qualify as underinsured if your premiums over the prior twelve months are equal to 10% or more of household income; or out of pocket costs, excluding premiums, that are equal to 5% or more of household income if income is under 200% of the federal poverty level; or an unmet deductible that is 5% or more of household income.

B. Free Care or Discounted Fee

- Services eligible under this policy will be discounted to the patient on a sliding scale, in accordance with financial need, as determined in reference to FPL in effect at the time of the determination. See the attached Sliding Fee Grid for the current discounts offered. This discount will be applied to individuals eligible for financial assistance who have completed a High Point Hospital financial assistance application and provided all necessary documentation for qualification required for the financial assistance program.
- The basis for the amounts High Point Hospital will charge patients qualifying for financial assistance are as follows:

SLIDING FEE GRID	
Household Income:	Discount
Up to 100% of FPL	100%
Between 101% and 120% of FPL	90%
Between 121% and 140% of FPL	80%
Between 141% and 160% of FPL	70%
Between 161% and 180% of FPL	60%
Between 181% and 200% of FPL	50%
Between 201% and 220% of FPL	40%
Between 221% and 240% of FPL	30%
Between 241% and 260% of FPL	20%
Between 261% and 280% of FPL	10%
Greater than 280% of FPL	0%

Current Federal Poverty Level (FPL)	
Number of Individuals in Household	Household Income
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380
Add \$4,320 for each additional person	

Any patient eligible for discounting will be required to pay their copay or percentage due upon Determination of their eligibility, or they must sign an approved payment plan contract. The discount percent from the Sliding Fee Grid will be applied to the original patient liability for all services provided within the eight months prior to the patient applying for financial assistance. Applications will be accepted for eight months following the mailing of the first post-discharge billing statement.

C. Application

- Application for Financial assistance is available at the Hospital, on our website www.hptc.org/resources/fap or by mail to 52 Oak St, Middleboro, MA 02346;
- Completed application returned for verification must include:
 - a. Request for sliding fee, including financial verification;
 - b. Authorization to verify income (if documentation is not provided);
 - c. You may call the Hospital Administrator at 774-213-8357, Monday – Friday for information about financial assistance or for assistance in completing a financial assistance application.

D. Eligibility Determination

- You will be notified of determination of eligibility with discount within 30 days of receipt of complete application.
- Patients will not be responsible for an amount above our average generally billed amount of \$602.12 determined based on payments received from Medicare, Medicaid and Commercial payers.
- HP prohibits extraordinary collection actions, either by HP staff or by agents acting on behalf of HPTC. Extraordinary collection actions are defined in Reg. 1.501(r)-6(b)(1) and include any legal or judicial process (e.g. liens, lawsuits, garnishments) and reporting adverse information to consumer credit reporting agencies.

HIGH POINT HOSPITAL

Application for Assistance

Patient or responsible party name _____

Date of birth _____ Best phone number(s) to reach you: _____

Best time of day to reach you _____

List the name of patient this application applies to: _____

Please provide information below for all individuals living in your house (including your spouse or significant other) AND all persons you or your spouse are financially responsible for (continue on back of form if needed).

Name	Relationship	Age	Claim on Tax Return
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

Total number of dependents claimed on the responsible party's income tax return _____

Other than the responsible party listed above is there anyone else financially responsible for or required to carry health insurance for the patient? Y N

If yes, please provide their name, address and telephone number on the back of this form.

Other Source(s) of Income

Other sources of income include, but are not limited to, unemployment benefits, social security payments, investment income, rental income, child support, or any other income received.

Source	Monthly Amount

Indicate on the back of this form any additional information you feel will be helpful to us in determining your eligibility for assistance or a payment plan.

Authorization (Your signature is required before we will process your application)

I do hereby believe this to be a true and complete representation of my income and financial situation as of the date indicated below.

Signature of Responsible Party _____ Date _____

MASSACHUSETTS DEPARTMENT OF REVENUE
AUTHORIZATION TO VERIFY INCOME

1. _____ SS# _____

DOB _____ RESIDING AT _____

TELEPHONE # _____

I GIVE PERMISSION TO HIGH POINT TREATMENT CENTER, INC. TO
VERIFY PRIOR YEAR EARNINGS, WHICH WERE WITH THE DEPARTMENT
OF REVENUE.

I AUTHORIZE HIGH POINT TREATMENT CENTER TO RECEIVE
NOTIFICATION OF MY W-2 FOR THE YEAR OF ____20____

CLIENT SIGNATURE _____

WITNESS SIGNATURE _____ DATE _____

I REFUSE TO AUTHORIZE HIGH POINT TREATMENT CENTER TO RECEIVE
COPY OF MY W-2.

CLIENT SIGNATURE _____

IN THE EVENT OF A REFUSAL, YOU WILL NOT BE ABLE TO APPLY FOR
SLIDING FEES AND WILL BE HELD RESPONSIBLE TO PAY IN FULL FEES
OF THE SERVICE AT EACH APPOINTMENT.

INITIAL HERE _____

I ATTEST THAT I DID NOT FILE AN INCOME TAX RETURN FOR THE YEAR
OF 20____ .

CLIENT SIGNATURE _____

SS# _____

FAX THIS FORM TO: DEPT. OF REVENUE
DIRECTOR OF DISCLOSURE/ADMIN LAW UNIT
617-626-3245

RETURN CONTACT NAME _____

TELEPHONE NUMBER _____ EXT. _____

FAX# _____

HIGH POINT HOSPITAL

Policy Name: Financial Assistance Policy

HPH/Billing

402-703-001-1

Date: 10/18

Date Revised: NA

Page 1 of 2

PURPOSE/STATEMENT

As a tax-exempt, nonprofit organization, High Point Hospital (HPH) serves the healthcare needs of its community and is committed to providing financial assistance to its patients. HPH patients requiring urgent or emergent care services shall not be denied those services based on their inability to pay. HPH will offer financial assistance for medical necessary care to patients. All services at HPH are considered medically necessary. HPH will not charge a person more for medically necessary care than the amount generally billed to individuals who have insurance covering such care. Applications will be accepted up to eight months following the first statement sent. This policy applies to all providers who see patients within High Point Hospital. **(this policy excludes Middleboro Outpatient Services)**

REFERENCE(S)

400-703-002, Collection of Co-payments, Deductibles and Past Due Balances Policy
400-705-056, Patient Handbook Policy

ATTACHMENT(S)

Patient Information for Financial Assistance
Plain Language Summary for Patients
HPH Request for Sliding Fee
Authorization to Verify Income – MA DOR

PROCEDURE

PERSON(S) RESPONSIBLE

A. MHS Staff / Designee

1. Will inform patients of our Financial Assistance Policy (FAP) upon admission;
2. Will give financial application to patient, upon request.

B. Hospital Administrator / Designee

1. Will display FAP at the Hospital in both English and Spanish in admitting, waiting areas and in all patient care areas;
2. Will provide IT with the policy to post on www.hptc.org/resources/fap;

3. Will review financial applications received by patients for completion;
4. Will scan completed documentation into financial section of Electronic Medical Record (EMR);
5. Will forward a copy of the complete application to billingmgmt@hptc.org;
6. Will receive calculated rate from AR director and inform patient.

C. Accounts Receivable Director / Designee

1. Will calculate the AGB Limit amount based on gross revenue and cash received from accounting yearly and update the policy with new AGB Limit within 120 days of the end of the fiscal year;
2. Will utilize the Look-Back Method using Medicare, Medicaid and Commercial payers to determine the AGB Limit;
3. The AGB Limit is \$602.12 as of 11/1/2018;
4. Will calculate free care discount utilizing the application submitted, FPG and AGB based on date of service.

D. Billing and Collections Agency / Designee

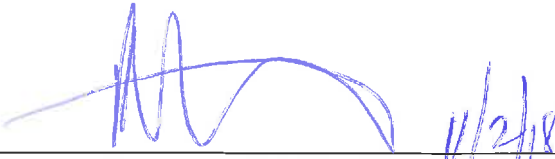
1. Will send self-pay statements to patients monthly including FAP information;
2. Will after three billing cycles send unpaid balances to outside collection agency;
3. Will reach out to patients by phone and mail to collect the balance;
4. Will not take extraordinary collection actions.

E. Accounting Staff / Designee

1. Will provide AR Director with gross revenue and cash received from the Hospital for the prior fiscal year within ninety days of fiscal year end.

F. CFO / Senior VP / COO

1. Will ensure that this policy complies with IRC Section 501(r).


Approval Signature – CFO/VP of Finance Date 11/2/18


Approval Signature – President/CEO Date 11/2/18