

<b>Tufts Medicine System-Wide Policy</b>	<b>Title:</b> Tufts Medicine Revenue Cycle Credit and Collection Policy
<b>Issuing Department:</b>  Revenue Cycle	<b>Effective Date:</b> 1/31/22  <b>Date Last Reviewed:</b> 8/3/2022  <b>Next Review Date:</b> 8/3/2023

**I. Purpose/Vision**

This Policy is concerned with preserving the system’s assets and maintaining a sound financial basis to continue to provide high quality services while at the same time balancing the needs of our community and the patients we serve. To remain viable as it fulfills its mission, Tufts Medicine must meet its fiduciary responsibility to appropriately bill and collect for medical services provided to patients. This policy sets forth the general guidelines for acquiring and verifying information, for classifying patients according to their ability to pay, and for collecting payment from third party insurance companies, patients, their guarantors, and others financially responsible for the payment of health care services.

Patients who have the means are expected to pay for services rendered by Tufts Medicine providers. This policy assumes that patients who have access to affordable insurance will apply for and maintain their coverage. In the event patients are unable to pay, Tufts Medicine assists them in obtaining financial assistance from government programs and other sources for medically necessary services whenever appropriate.

Tufts Medicine complies with the requirements under applicable state and federal laws in performing these functions and to update its practices as such laws are amended from time to time. This Credit and Collection Policy was developed to ensure compliance with applicable laws including, but not limited to: (1) the State’s Health Safety Net Eligibility regulation (101 C.M.R. § 613.00); (2) 111 M.G.L. § 228; (3) the Centers for Medicare and Medicaid Services (“CMS”) Medicare Bad Debt Requirements (42 CF.R. § 413.89); (4) Section 501(r) of the Internal Revenue Code; and No Surprises Act.

The Board of Trustees designated Tufts Medicine’s Chief Financial Officer responsible for ensuring that a current electronic copy of this Credit and Collection Policy is on file with the Health Safety Net Office along with supporting documentation and exhibits.

Tufts Medicine shall not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, gender identity, sexual orientation, age, or disability in providing its services. This applies to both the substance and application of its policies concerning the acquisition and verification of financial information, pre-admission or pre- treatment deposits, payment plans, deferred services or admissions, low income patient status, and billing and collection practices.

**II. Scope**

This Credit and Collection policy is intended to cover all hospital entities within the Tufts Medicine system, as well as any entity that is part of the named hospital's license, including Tufts Medical Center, Tufts Children's Hospital, Lowell General Hospital, MelroseWakefield Hospital, and the system's network of employed practices. This policy applies to services delivered and billed by Tufts Medicine at the locations set forth in [Appendix A](#)—Tufts Medicine Locations, Participating Entities. This policy does not apply to services delivered and billed by the entities listed in [Appendix B](#)—Tufts Medicine Provider Affiliate List, Non-Participating Entities, even in the case where such services may be rendered in the locations set forth in [Appendix A](#).

### III. Definitions

### IV. Policy

#### General Provisions

a. Participating Entities

This policy applies to services delivered and billed by the Tufts Medicine members at the locations set forth in [Appendix A](#)- Tufts Medicine Locations, Participating Entities. This policy does not apply to services delivered and billed by the entities listed in [Appendix B](#)- Tufts Medicine Provider Affiliate List, Non-Participating Entities even in the case where such services may be rendered in Tufts Medicine locations set forth in [Appendix A](#).

b. Tufts Medicine Uninsured and Underinsured Patients are defined as:

1. Patients with no health insurance ("uninsured");
2. Patients whose only "insurance" is the Massachusetts Health Safety Net;
3. Patients who have balances resulting from having "exhausted" benefits under their insurance plan; or
4. Patients whose balance results from "non-covered" services where insurance has determined that the patient is fully responsible for the charges associated with the excluded services. This includes services where the insurer denied coverage due to the insurer's network limitation.

c. Patient Responsibilities:

- i. The patient has a number of responsibilities to meet in order to qualify for assistance from the Hospital under this policy, including:
  1. Obligation to obtain and maintain insurance coverage, if affordable coverage is available to them;
  2. Obligation to apply for any government-sponsored insurance program they may qualify for;
  3. Obligation to submit, in a timely manner, all requested documentation of income, assets, identity, and residency that is required to enroll in State coverage and/or to complete the Tufts Medicine Financial Assistance Application;
  4. Obligation to keep Tufts Medicine apprised of current demographic and insurance information; and
  5. Obligation to pay all balances in accordance with agreed upon time frames.

d. Tufts Medicine Financial Coordination Procedure:

- i. Financial Coordination (FC) proactively reviews identifiable uninsured and underinsured patients scheduled for service. Patients are also referred to FC from departments throughout Tufts Medicine.
- ii. FC screens patients for eligibility for public and/or private insurance coverage

1. Tufts Medicine Financial Coordinators screen patients for eligible state and federal programs. In order to be eligible for discounts under this policy, patients may be required to apply for a variety of state and federal programs, including but not limited to MassHealth and/or Medicare.
2. If the patient meets public eligibility guidelines, FC will advise on the application process and assist the patient with the application when possible.
3. If the patient does not meet public eligibility guidelines (i.e., based on their Federal Poverty Level (“FPL”), immigration status, etc.), is denied for any available public programs, or if the public program will not fully cover the patient’s costs, FC will advise of private coverage options and screen the patient for eligibility under the Tufts Medicine Financial Assistance Discount Program (Section IV below).

## **V. Procedure**

### **A. General Principle**

All patients presenting for unscheduled treatment will be evaluated according to the classifications included in this section. Emergency or Urgent Services (as defined in Section II(B) below) shall not be denied or delayed based on Tufts Medicine’s ability to identify a patient, their insurance coverage, or ability to pay. However, Non-Emergency, Non-Urgent Services (as defined in Section II(C) below) may be indefinitely postponed in those cases when Tufts Medicine is unable to determine a payment source for the services, based on consultation with the patient’s treating clinician.

The urgency of treatment associated with each patient’s presenting clinical symptoms will be determined by a medical professional in accordance with local, state, and national clinical standards of care, and Tufts Medicine’s medical staff policies and procedures. It is important to note that classification of patients’ medical conditions are for clinical management purposes only, and such classifications are meant to address the order in which Tufts Medicine’s clinical staff should see patients based on their presenting clinical symptoms. These classifications do not reflect medical evaluation of the patient’s medical condition as reflected in the final diagnosis.

### **B. EMERGENT and URGENT SERVICES**

The Hospital will provide emergent and urgent services without regard to the patient's identification, insurance coverage or ability to pay.

Emergent Services include:

Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e)

(1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). A medical screening examination and treatment for emergency medical conditions or any other such service rendered to the extent required pursuant to EMTALA (42 USC 1395(dd)) qualifies as Emergency Care.

Emergent services also include:

- Services determined to be an emergency by a licensed medical professional;
- Inpatient medical care which is associated with the outpatient emergency care; and,
- Inpatient transfers from another acute care hospital to a PHS hospital for the provision of inpatient care that is not otherwise available.

Urgent Services include:

Medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent 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.

### C. NON-EMERGENT, NON-URGENT SERVICES

Non-emergent, non-urgent services can generally be sub-classified as either:

- "Elective Services": Medically necessary services that do not meet the definition of Emergent or Urgent above. The patient typically, but not exclusively, schedules these services in advance.
- "Post-Acute Care": Medically necessary services provided at a Hospital that is classified as post-acute care including rehabilitation services.
- "Behavioral Health Services": Medically necessary services provided in a number of settings focused on the patient's psychological and mental health.
- "Other Services": Services where medical necessity has not been demonstrated to the reviewing clinician.

The Hospital may decline to provide a patient with non-emergent, non-urgent services in those cases when the Hospital is not successful in determining that payment will be made for its services. Services that are determined to be non-medically necessary may be deferred indefinitely until suitable payment arrangements can be made. These include, but are not limited to: cosmetic surgery; social, educational, and vocational services; telehealth and evisit services; treatment related to sex reassignment surgery, and pre-surgery hormone therapy; services provided at all specialized residential facilities at McLean Hospital that do not submit claims to insurers.

Locations that Patients May Present for Services

Reference [Appendix A](#).

### COLLECTION AND VERIFICATION OF PATIENT INFORMATION

It is the patient's obligation to provide complete and timely insurance and demographic information to Tufts Medicine and to know what services are covered by their insurance policy. Tufts Medicine will make diligent efforts to positively identify all patients and obtain, record, and verify complete

demographic and financial information for every patient seeking care. The information to be obtained includes demographic information (such as patient name, address, telephone number, Social Security number, gender, date of birth, and other applicable patient information) and health insurance information (including name and address, policy number, group number, subscriber information, and benefit information such as co-payments, deductibles, and co-insurance) that is sufficient to secure payment for services. The requirement for Tufts Medicine to obtain complete information shall take the patient's condition into account with the patient's immediate health care needs taking priority, and will comply with applicable regulatory requirements. For inpatients, verification may occur at any time during the provision of services, at discharge, or during the collection process. For outpatients, verification may occur at the time the patient receives Non-Emergency, Non-Urgent Services, or during the collection process.

**A. Emergency and Urgent Services**

Registration and intake of Emergency and Urgent patients will be performed in accordance with the requirements of EMTALA. Generally, patient demographic and insurance information may be collected in accordance with Tufts Medicine's normal registration process as long as such collection does not delay the provision of the medical screening examination and/or any stabilizing treatment. Where a patient is unable to provide demographic or insurance information at the time of service and the patient consents, every effort should be made to interview relatives or friends that may accompany or otherwise be identified by the patient. Where practical, insurance information provided by the patient should be confirmed with the payer via electronic means or other available methods. Under no circumstance, however, shall Tufts Medicine staff verify a patient's insurance status, obtain pre-approval from third party payers, or give the patient financial responsibility forms prior to the medical screening examination and initiation of any stabilizing treatment.

**B. Non-Emergency, Non-Urgent Services**

Registration and intake of Non-Emergency, Non-Urgent patients will be performed prior to services being rendered. Returning or established patients will also have the demographic, insurance, and financial information reviewed and updated as needed, including where applicable, verification of their insurance status via electronic or other available methods. Patients have the responsibility to update insurance and demographic information with Registration.

## DETERMINATION OF PATIENT FINANCIAL RESPONSIBILITY

**A. General Principles**

Tufts Medicine will make diligent efforts to determine the patient's financial responsibility as soon as reasonably possible during the patient's course of care, and in compliance with applicable regulatory requirements; provided that screening and the initiation of any stabilizing treatment consistent with EMTALA will be completed for Emergency or Urgent patients prior to activities to determine a patient's financial responsibility. Patients are responsible for understanding and complying with all of their insurance plan requirements, including referrals, authorizations, non-covered benefits, and other network restrictions. Tufts Medicine will request any necessary pre-approval, authorization, or guarantees of payment from the insurer whenever possible and in compliance with applicable regulatory requirements. Under some circumstances, including Emergency or Urgent Services, these referrals and authorizations may take place after service delivery. All patients who incur a balance for services will be informed of the availability of Financial Counseling staff to assist them in fulfilling their financial responsibility to Tufts Medicine. Tufts Medicine will make its best efforts to advise all patients

of any significant financial responsibility prior to any Non-Emergent, Non-Urgent Service delivery to the extent that this information is available. Patients can learn more about their rights related to “balance billing” by visiting the Tufts Medicine or hospitals’ websites.

**B. Preparation of Estimates**

The Hospital will generally provide estimates to patients for Non-Emergent, Non-Urgent Services within 2 business days from the request date if the request is accompanied with identified clinical services to base the estimate or the Hospital will provide the estimates as otherwise required by law. The estimate will typically be generated using historic average allowed amounts or charges based on the projected medical or surgical service and, if applicable, estimated length of stay. To the best of the Tufts Medicine’s ability, estimates will take into account patient responsibility, including co-payments, deductibles, and co-insurance. Estimates do not take into account all services delivered and billed by the organizations listed in Appendix B. Final balances may differ from the estimate provided to the patient due to extenuating circumstances which may require more complex procedures, exams, and/or evaluations. Estimates require the participation of the patient and the treating clinician(s) to reasonably identify expected future treatment and clinical care. The final estimate is provided to the patient along with payment options. Uninsured or self-pay patients may be eligible to receive Good Faith Cost Estimates for certain scheduled services.

**C. Insured Patients**

Tufts Medicine will make diligent efforts to verify the patient’s insurance status and assist the patient in complying with the requirements of their health insurance plan. Patients are responsible for obtaining referrals from other providers, when required. Insurance verification will occur in accordance with the principles previously outlined in Section III above and as required by law. Whenever possible, this verification will include a determination of the patient’s expected financial responsibility, including applicable co-insurance, deductibles, and co-payments. Where feasible and clinically appropriate, payment of any predetermined amounts (co-payments, fixed deductibles) will be requested from the patient before or at the time of service. In some cases, the patient’s insurance plan and type of coverage may not allow for an exact determination of the patient’s financial responsibility for services at the time of registration. In those cases, the Hospital may request a deposit equal to the best estimate of the expected patient financial responsibility. Patients who are unable to provide payment may be referred to Financial Counseling.

1) Contracted Insurance Plans

Tufts Medicine contracts with a number of insurance plans. In those cases, Tufts Medicine will seek payment from the insurance plan for all covered services. To assist patients with establishing their out-of-pocket costs, Tufts Medicine shall, upon the request of the patient, provide sufficient information regarding the proposed Non-Emergency, Non-Urgent Service. If a particular service is determined by the insurer to be non-covered or otherwise rejected for payment, then payment for that service will be sought directly from the patient in accordance with the relevant insurance contract, unless otherwise prohibited by law. Whenever possible, the Tufts Medicine will assist the patient in appealing denials or other adverse judgments with their insurance plan recognizing that the insurance plan often requires these appeals to be made by the patient.

2) Non-contracted Insurance Plans



Tufts Medicine will extend the courtesy of billing a patient's insurance company in those cases where Tufts Medicine does not have a contract with an insurer. While Tufts Medicine will bill the patient's insurance plan, ultimate financial responsibility rests with the patient or guarantor (the party responsible for the patient's personal financial obligations), unless otherwise prohibited by law. The insurer's failure to respond to Tufts Medicine's bill in a timely manner may result in the patient being billed directly for the services except in those cases where the patient is protected from collection actions (Section IX(B)(6)), or when such activity is prohibited by law. Balances remaining after any insurance payment or denial will be billed to the patient unless prohibited by law. Whenever possible, Tufts Medicine will assist the patient in appealing denials or other adverse judgments with their insurance plan recognizing that the insurance plan often requires the appeal to be made by the patient.

#### **D. Uninsured Patients (Self Pay)**

Patients who do not have health insurance, and have not been previously determined to be qualified as a "Low Income Patient" under the Massachusetts Health Safety Net (HSN) as further described in Section VI(F) below, will be asked to provide payment in full in those cases where an estimate of the charges is available. When an estimate is not available, a pre-determined deposit in advance of the receipt of any Non-Emergent, Non-Urgent services at Tufts Medicine will be obtained. If the patient does not provide the pre-payment or indicates an inability to pay the deposit, then the patient may be referred to Financial Counseling.

Uninsured patients will be referred to Financial Counseling to determine their eligibility for available state and federal programs, and if eligible, Financial Counseling shall assist such patient in applying for such programs. This includes Massachusetts residents applying via the Commonwealth of Massachusetts Health Connector. In addition to the potential availability of any government programs, all uninsured patients will be provided information on possible financial assistance programs available under the Tufts Medicine Financial Assistance Policy (available at <http://www.TuftsMedicine.org>, by calling the Hospital's Financial Counseling Department, or by visiting Financial Counseling in person at various locations, as listed below. If there is no immediate need to provide the services as determined by the treating clinician, the Non-Emergency, Non-Urgent service may be indefinitely postponed until such time as the patient is able to pay, make suitable financial arrangements, obtain insurance or become enrolled in a financial assistance program that will cover the service.

The Tufts Medicine Financial Counseling Departments, who offer financial counseling and financial assistance, may be reached:

- iii. Tufts Medical Center & Tufts Children's Hospital
  1. Online at [www.tuftsmedicalcenter.org/financialassistance](http://www.tuftsmedicalcenter.org/financialassistance);
  2. By telephone at 617-636-6013; or
  3. In person at the following Tufts Medical Center locations:
    - a. Biewend Building, 1st Floor, 260 Tremont Street, Boston, MA 02111
    - b. Proger Building, 1st Floor, 800 Washington Street, Boston, MA 02111
- iv. Lowell General Hospital
  1. Online at [www.lowellgeneral.org/patients-and-visitors/for-patients/after-your-visit/patient-billing/patient-financial-assistance](http://www.lowellgeneral.org/patients-and-visitors/for-patients/after-your-visit/patient-billing/patient-financial-assistance)
  2. By telephone at 978-937-6700
  3. In person at the following Lowell General Hospital locations:

- a. Dahod Building, ground floor-, 295 Varnum Avenue, Lowell, MA 01854
  - b. Saints Campus, ground floor-1 Hospital Drive, Lowell, MA 01852
- v. Melrose Wakefield Hospital
1. Online at <https://www.melrosewakefield.org/patients-visitors/financial-resources/financial-assistance-programs/>
  2. By telephone at 781-338-7111
  3. In person at the following location:
    - a. 585 Lebanon Street, Melrose, Suite 101 MA 02176
    - b. Ground Floor near Urgent Care – 170 Governors Avenue, Medford, MA 02155

## I. FINANCIAL COUNSELING SERVICES

### A. Overview

Tufts Medicine will make diligent efforts to identify patients who may be uninsured or underinsured in order to provide counseling and assistance. Tufts Medicine will provide financial counseling to these patients and their families, including screening for eligibility for other sources of coverage, such as federal or state government programs, and providing information regarding all acceptable methods of payment of the bill. If additional financial assistance is required, Financial Counseling may extend discounts or other adjustments to patients if they qualify under the Tufts Medicine Financial Assistance Policy. The patient has a number of responsibilities in order to qualify for assistance, including the obligation to submit all necessary and accurate documentation. Where patients may qualify for federal programs, including Medicare, Tufts Medicine will advise the patient of potential programs and assist with the application and documentation when appropriate. If the patient does not submit all necessary and accurate documentation in order to qualify for assistance, the patient will be held responsible for the entirety of their bill(s).

### B. Communication of Financial Counseling Services

Tufts Medicine widely publicizes information about the availability of financial assistance programs, including where to go for assistance. Please reference the Tufts Medicine Financial Assistance Policy for additional details (available at <http://www.TuftsMedicine.org>).

### C. Residency

Eligibility for most State Programs is generally limited to patients who can demonstrate residency in the applicable state. In general, patients who have temporarily relocated for the sole purpose of receiving health care benefits do not meet the residency requirements. The Hospital will work with limited income patients that do not qualify for a State program to identify other alternatives and advise them of their responsibilities. Please reference the Tufts Medicine Financial Assistance Policy for additional details (available at <http://www.TuftsMedicine.org>).

### D. Financial Assistance, Discounts, Charity Care

Patients are encouraged to first apply for state and/or federal programs. If the patient is not eligible for these programs, financial assistance may be available under the Tufts Medicine Financial Assistance Policy.

### E. Special Application Considerations

- 1) Confidential Applications: Confidential applications for state or Tufts Medicine financial assistance programs may be submitted under two circumstances:



- a. **Minors:** confidential applications for coverage may be submitted for minors presenting for family planning services and services related to sexually transmitted diseases. These applications may be processed under the minor's income without any regard to the family income. These patients should be referred to Financial Counseling.
  - b. **Abused Individuals:** these individuals may also apply for coverage on the basis of their individual income and are not required to report his/her primary address. These patients should be referred to Financial Counseling.
- 2) **Undocumented Persons:** Patients may be concerned about the immigration implications of applying for Low Income Patient status under the available state programs described in Section VI below. Patients with limited means to pay will be encouraged to apply for state or other government sponsored programs. If patients continue to express concern, patients may be referred to outside agencies for counsel. Patients refusing to apply for assistance will continue to be treated as Uninsured, Emergent, Urgent Services will continue to be provided. Non-Urgent, Non-Emergent Services may be indefinitely postponed until such time as the patient is able to pay, make suitable financial arrangements, obtain insurance, or become enrolled in a financial assistance program that will cover the service.

## II. STATE PROGRAMS—MASSACHUSETTS RESIDENTS

In addition to following the general procedures for Insured (Section IV(C)) and Uninsured (Section IV(D)) patients above, Tufts Medicine will encourage patients who are potentially eligible for coverage from state programs or other government programs to apply for coverage and may assist the patient in applying for benefits. Patients may also apply for and be approved for coverage by the HSN for co-insurance or deductibles not covered by their primary insurance plan; Insurance co-payments are excluded from this coverage. A patient may be approved for State programs including, but are not limited to, MassHealth, HSN, and other programs through the Health Connector (collectively, the "State Programs").

### A. Application Process—All State Programs Other Than Medical Hardship

Tufts Medicine can assist the patient in completing the application for State Programs and securing and submitting the necessary documentation required by the applicable State Program. Individuals apply for coverage through the appropriate application that is submitted through the state's enrollment system. The individual can submit an application through an online website, which is centrally located on the state's Health Connector website, a paper application, or over the phone with a customer service representative located at either MassHealth or the Health Connector. Necessary documentation may include, but is not limited to, proof of: (1) annual household income (payroll stubs, record of Social Security payments, and a letter from the employer, tax returns, or bank statements), (2) citizenship and identity, (3) immigration status for non-citizens (if applicable), and (4) assets of those individuals who are 65 and over. The state will notify the patient of any documentation that needs to be submitted for final verification. The patient may receive provisional coverage if the applicable program guidelines are met.

### B. Application Process—Health Safety Net (HSN)—Medical Hardship

Tufts Medicine will work with the patient to determine if a program like HSN—Medical Hardship would be appropriate. If so, Tufts Medicine can assist the patient in completing and submitting a Medical Hardship application to the Health Safety Net. It is the patient's obligation to provide all

necessary information as requested by Tufts Medicine in an appropriate timeframe to ensure that Tufts Medicine is able to submit a completed application. Once a patient completes the application and assembles all of the required documentation, Tufts Medicine shall submit the completed application to the HSN within five (5) business days of receiving it from the patient. If the completed application provided by the patient is not submitted by Tufts Medicine within five (5) business days of receiving it from the patient, collection actions may not be taken against the patient with respect to bills that would have been eligible for Medical Hardship if the application had been submitted timely to the state.

### **C. Approval for Coverage under State Programs**

Tufts Medicine may assist patients with applying for coverage under available State Programs but has no role in the determination of program eligibility made by MassHealth or the HSN. MassHealth or the HSN will issue all notices of eligibility. It is still the patient's responsibility to inform Tufts Medicine of all coverage decisions made to ensure accurate and timely adjudication of all bills.

### **D. Effect of a Pending HSN/MassHealth Application**

Patients for whom Tufts Medicine has submitted a Massachusetts Health Connector application which covers MassHealth and HSN program eligibility will have bills held until such determination is made.

### **E. Appeal of Outcome**

- 1) **MassHealth:** The patient may take a direct role in appealing or seeking information from MassHealth related to their coverage decision. The request must be sent to MassHealth with supporting documentation.
- 2) **Low Income Patient:** An individual may request that MassHealth/the Connector conduct a review of the determination of Low Income Patient status, Tufts Medicine's compliance with the provisions of 101 C.M.R. §613.00, or, in exceptional circumstances, HSN Medical Hardship eligibility.

### **F. HSN – Low Income Patient Eligibility and Coverage Considerations**

#### **1) Low Income Patient Determination**

Low Income Patient determination is made by the MassHealth/Massachusetts Health Connector eligibility system and is limited to Massachusetts residents. A patient must submit an online or paper-based application as further described in [Section VI\(A\)](#) or [Section VI\(B\)](#) above to qualify including documentation required to establish Massachusetts residency, identity, and income. There are four main Low Income Patient coverage categories under the HSN: (i) HSN-Primary ([Section VI\(F\)\(4\)](#) below); (ii) HSN-Secondary ([Section VI\(F\)\(5\)](#) below); (iii) HSN-Partial ([Section VI\(F\)\(6\)](#) below); and (iv) HSN-Medical Hardship ([Section VI\(F\)\(7\)](#) below).

Tufts Medicine may also assist patients with enrolling in the Health Safety Net using a presumptive determination process, which provides a limited period of eligibility. This process is conducted by Financial Counseling staff, who, on the basis of the patient's self-attestation of financial information, will deem a patient to meet the Low Income Patient definition for coverage of Health Safety Net services only. Coverage will begin on the date that the Hospital makes the determination through the end of the following month in which the presumptive determination is made.

However, coverage may be modified sooner if the patient submits a full application for State Programs as further described in Section VI(A) or Section VI(B) above.

- 2) Eligibility for Health Safety Net (HSN)  
A patient's eligibility status for coverage under the HSN will be verified at time of registration using MassHealth Eligibility Verification System (EVS) system, Massachusetts's Medicaid Management Information Systems (MMIS), or other Hospital eligibility systems, as applicable, and any changes to the patient's status will be noted in the record.
- 3) Service Limitations  
Patients who are identified as Low Income Patients will, to the extent possible, be provided services consistent with the coverage guidelines of either HSN or MassHealth including "Eligible Service" limitations under state regulations and the applicable drug formulary. A patient seeking to receive a Non-Emergency, Non-Urgent reimbursable service will be informed in writing of the maximum cost of that service and must sign an acknowledgement that they accept financial responsibility prior to service delivery.
- 4) Coverage— Health Safety Net (HSN)—Primary  
A Low Income Patient who is uninsured and documents MassHealth MAGI Household income or HSN Medical Hardship Family Countable Income (as described in 101 C.M.R. § 613.04(1)), between 0-300% of the Federal Poverty Level (FPL) may be eligible for HSN—Primary subject to the following exceptions:
  - a. Low Income Patients eligible for the Premium Assistance Payment Program operated by the Health Connector are eligible for Health Safety Net - Primary only to the extent allowed under 101 C.M.R. § 613.04(7)(a) and (b).
  - b. Students subject to the Qualifying Student Health Plan requirement of M.G.L. c. 15A, § 18 are not eligible for Health Safety Net—Primary coverage.
- 5) Coverage— Health Safety Net (HSN)—Secondary  
A Low Income Patient may be eligible for HSN—Secondary if he or she has other primary insurance and documents MassHealth MAGI Household income or HSN Medical Hardship Family Countable Income (as described in 101 C.M.R. § 613.04(2)) between 0-300% of the FPL, subject to the following exceptions:
  - a. Effective 101 days after the Medical Coverage Date, Low Income patients eligible for the Premium Assistance Payment Program operated by the Health Connector are eligible only for dental services not otherwise covered by the Premium Assistance Payment Program operated by the Health Connector.
  - b. Low income patients enrolled in a qualifying Student Health Plan are eligible for Health Safety Net- Secondary.
- 6) Coverage— Health Safety Net (HSN)—Partial Deductibles  
Patients that qualify for HSN—Primary or HSN—Secondary with MassHealth MAGI Household income or HSN Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBF) have an income that is

above 150.1% of the FPL. A PBFPG is a group of persons who live together as further defined in 130 C.M.R. §501.001. If any member of the PBFPG has an income that is below 150.1% of the FPL, there is no deductible for any member of the PBFPG. The annual deductible is calculated in accordance with 101 C.M.R. § 613.04(4)(c)(1).

7) Coverage— Health Safety Net (HSN)—Medical Hardship

A Massachusetts resident of any income level may qualify for Medical Hardship through the Health SafetyNet if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for HSN Medical Hardship, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 C.M.R. § 613.05(1)(c). The applicant's required contribution is calculated as the specified percentage of Countable Income as defined in 101 C.M.R. § 613.05(1)(b) based on the HSN Medical Hardship Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible.

8) Low Income/ Partial HSN/Medical Hardship Patient Financial Responsibility

- a. The financial responsibility for a Low Income Patient is limited to co-payments (from any payer except Medicare), deductibles determined by HSN (as discussed in Section VI(F)(6) above), or the patient has agreed to be billed for the CommonHealth Spend Down.
- b. Deposits for Low Income Patients designated as Partial HSN (as discussed in Section VI(F)(6) above) or HSN Medical Hardship (as discussed in Section VI(F)(7) above): Deposits will be requested from these patients provided this is the primary coverage for the open balances for all Non-Emergency, Non-Urgent medically necessary services. The current status of the Partial HSN patient's annual family deductible will be reviewed and a deposit of up to 20% of the patient's annual deductible up to a maximum of \$500 may be collected from the patient. Tufts Medicine may also request a deposit from patients eligible for HSN Medical Hardship of up to 20% of the patient's Medical Hardship contribution, up to a maximum of \$1,000.
- c. Payment Plans: Low Income Patients will be notified of the availability of payment plans to satisfy all open balances per the terms specified in Section VIII Payment Arrangements.
- d. Non-Medically Necessary Services: Low Income Patients will be required to pay for any Non-Medically Necessary Services as described in Section II(C), in advance, provided that the patient is informed of the maximum cost of these services in advance and signs an acknowledgement that the services are not covered by HSN or any other Massachusetts assistance programs. Services will be indefinitely postponed until payment is made in accordance with Section VIII(E).

### III. NON-MASSACHUSETTS RESIDENTS

#### A. Non-Massachusetts U.S. Residents

In addition to following the procedures stated for Insured (Section IV(C)) and Uninsured (Section IV(D)) patients, Tufts Medicine will encourage non-Massachusetts U.S. resident patients who are

potentially eligible for coverage under their own state Medicaid or other government programs (the Non-Massachusetts U.S. Resident State Programs) to apply for coverage and may assist the patient in applying for such benefit programs.

- 1) Tufts Medicine may assist the patient in completing the application for the Non-Massachusetts U.S. Resident State Programs and securing and submitting the necessary documentation required by the applicable programs. Individuals apply for coverage through the appropriate application that is submitted through the Non-Massachusetts U.S. Resident state's enrollment system. Necessary documentation may include, but is not limited to proof of: (1) annual household income (payroll stubs, record of Social Security payments, and a letter from the employer, tax returns, or bank statements), (2) citizenship and identity, (3) immigration status for non-citizens (if applicable), and (4) assets of those individuals who are 65 and over. The applicable state will notify the patient of any documentation that needs to be submitted for final verification.
- 2) Tufts Medicine has no role in the determination of program eligibility made by Non-Massachusetts U.S. Resident State Programs. Those programs will issue all notices of eligibility, not Tufts Medicine. It is still the patient's responsibility to inform Tufts Medicine of all coverage decisions made to ensure accurate and timely adjudication of all Tufts Medicine bills.
- 3) The patient may take a direct role in appealing or seeking information from the Non-Massachusetts U.S. Resident State Program related to the coverage decision.

#### **B. International Patients**

In addition to following the procedures stated for Insured ([Section IV\(C\)](#)) and Uninsured ([Section IV\(D\)](#)) patients, Tufts Medicine will make reasonable efforts to gather local and permanent address information for residents of foreign countries and take whatever appropriate additional actions are needed in order to secure pre-payment for all Non-Emergency, Non-Urgent services.

## **IV. PAYMENT ARRANGEMENTS**

### **A. Overview**

Payments may be made in a variety of settings within Tufts Medicine. Different payment arrangements may be available including deposits (down payments) and payment plans. The patient or guarantor is able to make these arrangements with Tufts Medicine Pre-Services or Tufts Medicine Customer Service. All payment arrangements will conform to pre-determined criteria and be recorded appropriately in Tufts Medicine's billing and registration systems.

### **B. Forms of Payment**

Payments may be made electronically by credit/debit card, by mail with check or credit/debit card, or in person with a credit/debit card. No checks will be accepted in person, and no cash will be accepted in person or through the mail. Patients who have a history of bad debt may be reviewed individually to determine the appropriate mode of payment. Tufts Medicine will maintain a process to track "bad" checks and reverse any payments that may have been applied to the patient's account. Submission of a "bad" check may be grounds for transferring the account to Bad Debt.

### **C. Currency**



Unless otherwise agreed to, payment will be made in U.S. currency. Payment made in non-U.S. currency will be applied at the conversion rate specified by Tufts Medicine's bank(s), including any conversion fees.

#### **D. Payment Plans**

Tufts Medicine maintains a separate Financial Assistance Policy that addresses payment plans. All Low Income or Medical Hardship Patients will be notified that Tufts Medicine offers a payment plan. The Financial Assistance Policy is readily available to members of the public on the website at <http://www.TuftsMedicine.org>.

#### **E. Deposits**

Tufts Medicine reserves the right to request advance payment in full for patients who receive Non-Emergency, Non-Urgent services. If an estimated price is not available, patients will be required to provide a deposit (down payment toward future expected balance). Failure to pay in full in advance of the receipt of any Non-Emergency, Non-Urgent services or failure to meet the deposit requirement may result in indefinite postponement of the services provided the treating clinician determines that the procedure is not medically necessary. Tufts Medicine will not require pre-admission and/or treatment deposits from individuals that require Emergency or Urgent Services or from individuals who are protected from such collection actions under applicable state laws (Appendix C- Patients Protected from Collection Action).

## **V. PATIENT BILLING AND COLLECTIONS**

#### **A. General Principles**

Tufts Medicine will make diligent efforts to collect all charges that are due from insurers according to established industry standards and will seek to apply payments and contractual adjustments on a timely basis to the patient's account. These efforts include billing all available insurance plans according to the payers' requirements and timely follow up of denied claims. Patients or other guarantors will be held responsible for all account balances that remain after application of all insurance payments, contractual adjustments, and agreed upon discount/adjustments in accordance with any remittance advice received from the payer except where the balance may be submitted to the Health Safety Net or deemed exempt from collection activity or such balance billing is otherwise prohibited under Massachusetts or federal law(s). Collection actions may include patient statements, patient letters, telephone contacts, certified final collection notices, and extraordinary collection activities including credit bureau reporting, and liens on estates.

It is the patient's obligation to provide complete and timely insurance and demographic information and to know what services are covered by their insurance policy. Patients who have the means are expected to pay for services rendered by Tufts Medicine.

#### **B. Billing Practices, including Patient Statements, Letters, and Calls**

Tufts Medicine will make diligent efforts to ensure the appropriate party is billed and collection is made from the appropriate payer. Tufts Medicine, either directly or through its designated agents, will prepare and mail statements to patients/guarantors on a regular basis to advise them of balances owed. A record of all account actions and communications, including bills, is typically reflected in the billing system. Staff is required to document all contacts with the patient (or guarantor) in the applicable billing system, registration system, or self-pay collection system. For Massachusetts residents, claims will not be submitted to Health Safety Net until after these diligent efforts are exhausted.



- 1) Initial Patient Bill: Tufts Medicine will send an initial bill to the patient or the guarantor with an outstanding balance owed by the patient. The initial bill will have a summary of all charges, payments, and adjustments included with the initial billing for each date of service/admission. The initial bill will provide information about the availability of financial assistance programs that might be able to cover the cost of the bill.
- 2) Subsequent Billing: Tufts Medicine expects to continue billing the patient or guarantor approximately every 30 days for up to 120 days, which is the appropriate period of time representing continuous billing and collection actions.
- 3) Telephone Calls and other Communication: Telephone calls, billing statements, letters, personal contacts, notices, or any other notification method constitutes a genuine effort to contact the party responsible for the obligation and informs the patient of the availability of financial assistance.
- 4) Suspension of Billing: In certain situations, continued billing and collection activity may be inappropriate and may be suspended or discontinued. Such situations include, but are not limited to: Bad Address ([Section IX\(B\)\(9\)](#)), Bankruptcy cases ([Section IX\(D\)\(1\)](#)), deceased patient ([Section IX\(D\)\(2\)](#)), patient grievance, small balances ([Section IX\(B\)\(10\)](#)), pending or approved MassHealth or HSN eligibility ([Section VI\(D\)](#) and [Section IX\(B\)\(6\)](#)), or patients who are in the process of applying for Tufts Medicine Financial Assistance.
- 5) Notification of Availability of Financial Assistance: Patient statements will include notices as required by applicable laws to inform patients of the availability and means to access financial assistance. Notices regarding the availability of financial assistance will also be included in other written and verbal patient communications at intake and discharge.
- 6) Patients Protected From Collection Action: Tufts Medicine will take reasonable steps to ensure that no collection actions, including telephone calls, statements or letters, are initiated for those patient balances that may be exempt from collection action under applicable laws. This may include patients enrolled in State Programs who are exempt from collection actions to the extent described in Appendix C, patients where Tufts Medicine was delayed in submitting his/her HSN Medical Hardship application ([Section VI\(B\)](#)), patients with a pending State Program application ([Section VI\(D\)](#)), or with a pending request for financial assistance under the Tufts Medicine Financial Assistance Policy. Tufts Medicine may continue to send letters requesting information or action by the patient to resolve coverage and/or eligibility issues with a primary payer, Worker's Compensation Program, or to obtain any Third Party Liability or Motor Vehicle Accident carrier information.
- 7) Final (Collection) Notice: Tufts Medicine will make reasonable efforts to send each patient a final (collection) notice by mail and/or the patient portal prior to the account being transferred to Bad Debt. Notices for patients who are minors will be sent to the guarantor.
- 8) Emergency Bad Debt for Massachusetts Residents: For those cases where an account is being considered by the Hospital for application to the Health Safety Net (HSN) as Emergency Bad Debt, the Hospital will ensure the following conditions are

met:

- a. The account was subject to documented, continuous collection efforts for a minimum of 120 days;
  - b. An electronic eligibility inquiry was made to EVS or MMIS to screen for coverage;
  - c. The services provided qualify as Emergency Services per the definition in this policy; and
  - d. A final collection notice was sent by certified mail for balances of \$1,000 or more. Accounts that are properly documented as Bad Address accounts may be submitted to the Health Safety Net without the mailing of a final collection notice via certified mail provided that 120 days have elapsed from initial billing and that after a reasonable, genuine effort, the Hospital was unable to obtain an updated address.
- 9) **Bad Address Returns:** Tufts Medicine will make reasonable efforts to track, research, and rebill all patient statements returned by the USPS that are not deliverable. Address information will be verified and corrected using “skip trace” programs that may be available from third parties. Where possible, accounts will be identified as “Bad Address” accounts in the billing and registration systems. Once an account has been flagged as Bad Address, no further statements or letters should be processed unless a new address has been identified. The Hospital will discontinue mailing of statements to incorrect addresses to maintain HIPAA privacy. Accounts whose most recent demographic information contains a Bad Address may be referred to outside agencies as Bad Debt for additional follow up except that potential Emergency Bad Debt accounts will be followed for 120 days prior to placement.
- 10) **Small Balance Adjustment:** Recognizing the cost of statement processing and collection activities, after the initial statement, the Hospital may suppress statements on accounts below its \$10 “small dollar billing” threshold. This policy shall be consistently applied across all payers. In no case will small balance adjustments taken under this section be billed to HSN.

**C. Surcharge Notice**

Tufts Medicine will maintain a process to identify all patient balances that are subject to the Health Safety Net Trust Fund Surcharge on Acute Hospitals as required under 101 C.M.R. § 614.05. Surcharge amounts will be billed to the patient and the fund collected remitted to HSN per their requested schedule.

**D. Special Collections Situations**

- 1) **Patient Bankruptcy:** Tufts Medicine will make reasonable efforts to track all Bankruptcy notifications, and maintain them on file to ensure that all approved court procedures are followed, including filing of claims with the Court as appropriate, or forgiveness of debt.
- 2) **Deceased Patients:** When appropriate and cost effective, Tufts Medicine will perform estate searches, bill estates, and file liens against the estate.
- 3) Tufts Medicine will not bill an HSN Low Income Patient for (1) claims related to Serious Reportable Events as further described in 101 C.M.R. § 613.03(1)(d); or (2) claims due to an administrative or technical billing error.

- 4) HSN Secondary Coverage: Tufts Medicine will make diligent efforts to limit claims submission to HSN, including deductibles and non-covered services, those cases where a patient has exhausted their benefitor in cases when enrollment with the payer was not active at the time the services were rendered. If Tufts Medicine receives an additional or corrected payment on a claim previously submitted to HSN then a corrected claim will be submitted to HSN.
- 5) Partial HSN Deductible: Tufts Medicine will bill patients for 100% of their annual Partial HSN Deductible minus any patient deposits obtained in accordance with Section VI(F)(8)(b) until charges equal to the annual deductible have been billed to the patient, inclusive of any balances included in payment plans. Claims will not be submitted to the HSN until the patient's deductible has been satisfied.

#### E. Special Account Processing Considerations

Under some circumstances, additional information or procedures may be necessary to properly process a patient's account.

- 1) Worker's Compensation (WC): Services related to industrial accidents should be appropriately labeled in the registration record. Additional information that is required includes the date and time of accident, employer name and phone number, and employer's worker's compensation carrier and phone number. Tufts Medicine will make reasonable attempts to pursue the WC coverage. Any recoveries that may be received after the submission of a claim will be offset against the original claim and reported to the payer or HSN including any required claim voids or returns. If there is no WC coverage, then the claim is managed in the ordinary billing manner.
- 2) Motor Vehicle Accidents (MVA) and Third Party Liability (TPL): Services related to a motor vehicle accident or other third party liability should be appropriately labeled in the registration record. Diligent efforts will be made to collect additional information that is required for submission of MVA claims including the date and time of accident, the location for third party liability cases, and any known automobile insurer. The name of any attorney associated with the claim should also be noted in the registration system if it is available. Reasonable efforts will be made to bill the MVA/TPL carrier to collect any Personal Injury Protection (PIP) amount available. Health insurance claims will be processed after the PIP is exhausted. Tufts Medicine may also file a lien against future bodily injury payments made by the MVA carrier to the patient if we are able to establish the name of the patient's attorney managing the claim. Any recoveries that may be received after the submission of a claim will be offset against the original claim and reported to the payer or HSN including any required claim voids or returns. If there is no MVA/TPL coverage, then the claim is managed in the ordinary billing manner.
- 3) Health Insurance Portability and Accountability Act (HIPAA): Under HIPAA, patients who have paid the provider in full for a specific item or service have the right to request that their PHI (Protected Health Information) regarding such item or service not be sent to their health insurance plan for purposes of payment unless such disclosure is otherwise required by applicable law. Such restriction only applies to the specific item or service delivered and billed by the provider. Patients who wish to exercise such restriction are expected to pay any outstanding balance in full at the time of service or, if the balance cannot be fully estimated at the time of service, upon receiving statements. If Tufts Medicine is unable to secure payment in full from the

patient requesting such restriction after reasonable efforts, they may notify the patient and bill the patient's health plan. Accounts should be noted per procedure to guard against inappropriate release.

- 4) Research Studies: Services related to research studies should be noted at time of registration for that service and labeled to insure that charges for these services are submitted to the designated research fund.
- 5) Organ Donors: Tufts Medicine will identify organ donors at the time of service and ensure that claims for these services are applied to the appropriate insurance or other funding source.

## VI. BAD DEBT PLACEMENT

### A. Transfer of Account to Bad Debt

Tufts Medicine will make a reasonable effort to qualify a patient for financial assistance under state, federal, or Tufts Medicine programs by notifying the patient in writing about the available assistance programs and assisting such individual with the completion of the applications. Once such reasonable efforts have been made and all internal collection efforts exhausted, accounts may be transferred to Bad Debt. This will typically occur after the account has completed its 120 day patient billing cycle with some exceptions due to Bad Address or other mitigating circumstances. Accounts in Bad Debt will generally receive additional collection efforts through a number of sources including staff, external collection agencies, or collection attorneys in accordance with applicable laws.

### B. Collection Agencies

Any agency seeking to collect patient balances on behalf of Tufts Medicine will be required to conform to this policy, including the obligation to refrain from "extraordinary collection activities" (as defined below) until such time as Tufts Medicine has made a reasonable effort and followed a reasonable process for determining that a patient is entitled to assistance or exemption from any collection or billing procedures under this policy. Any substantive patient complaints will be reported to Tufts Medicine for review and tracking. All agents will fully comply with applicable IRS and Federal Fair Debt Collection regulations as well as debt collection regulations under Massachusetts laws. All agencies will report any collection or other account actions, including the decision to cease collection efforts, on a timely basis.

### C. Liens on Settlement

Tufts Medicine, or its agents, may file an action of a lien against a settlement in a motor vehicle accident or a worker's compensation claim.

### D. Extraordinary Collection Actions (ECAs)

Tufts Medicine may initiate Extraordinary Collection Actions (ECAs) in certain circumstances for accounts on which expected payment has not been made after reasonable efforts as defined in Section X(B).

- 1) Credit Reporting: Tufts Medicine, or a collection agency working on its behalf, may report outstanding balances to credit bureaus.

### E. Reasonable Efforts

Tufts Medicine makes reasonable efforts to determine whether a patient is eligible for financial assistance before engaging in any ECAs by notifying patients about the availability of financial assistance and reviewing financial assistance applications. Before engaging in any ECAs, a

determination regarding a patient's eligibility for financial assistance is made by the Tufts Medicine's Financial Counseling Office subject to review and approval by the Patient Access Manager. In the event a determination of ineligibility is challenged, further review may occur by Tufts Medicine's Sr. Director of Patient Access, Sr. Vice President of Revenue Cycle, and/or the Chief Financial Officer.

#### VII. CREDIT BALANCES AND REFUNDS

Overpayments or incorrect payments received from patients will be addressed in a timely manner. The process provides an audit trail and internal control of all refund checks issued. If the patient has other outstanding balances on other accounts, the refund will be applied against the other open account(s). Otherwise, Tufts Medicine will refund to patients any credit balances that may result from excess funds having been collected from the patient. In cases where efforts to refund a self-pay credit balance are unsuccessful, Tufts Medicine will remit credit balances to the Treasurer of the Commonwealth of Massachusetts in accordance with the state's Abandoned Property regulations.

#### VIII. SERIOUS REPORTABLE EVENTS (SREs)

Tufts Medicine maintains compliance with applicable billing requirements, including the Department of Public Health's regulations (105 C.M.R. § 130.332) for non-payment of specific services or readmissions that the Hospital determines were the result of a Serious Reportable Event (SRE). SREs that do not occur at the Hospital are excluded from this determination of non-payment.

#### IX. COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Tufts Medicine also maintains all information in accordance with applicable federal and state privacy, security, and ID theft laws.

#### X. PATIENT RIGHTS AND RESPONSIBILITIES

Tufts Medicine shall inform patients of their obligation to:

- 1) Provide complete and timely insurance and demographic information. Inform Tufts Medicine and MassHealth of any changes in status including changes in income or insurance status, and tracking HSN manual deductible data.
- 2) Make reasonable efforts to understand the limits of their insurance coverage including network limitations, service coverage limitations and financial responsibilities due to limited coverage, co-payments, deductibles, and co-insurance.
- 3) For patients who have the means, pay for services rendered by Tufts Medicine, including co-payments, deductibles, and co-insurance, in a timely manner.
- 4) Conform with insurance referral, pre-authorization, and other medical management policies. Conform with other insurance requirements including completion of coordination of benefits forms, updating membership information, updating physician information, understanding benefit coverage, and other payer requirements. For non-coverage of select medical services, acknowledge and arrange for alternative payment.
- 5) For Massachusetts residents, obtain coverage through the Health Connector, other sources of insurance, or apply for MassHealth/Commonwealth Care/Low Income Patient determination (if potentially eligible), including submission of all required

documentation.

- 6) Notify Tufts Medicine of any potential Motor Vehicle Accident coverage, Third Party Liability coverage, or Worker’s Compensation coverage. For patients covered by MassHealth or the Health Safety Net, file a claim for compensation, if available, with respect to any accident, injury or loss and notify the state public program (e.g. Office of Medicaid and the Health Safety Net) within ten days of information related to any lawsuit or insurance claim that will cover the cost of services provided by Tufts Medicine. A patient is further required to assign the right to a third party payment that will cover the costs of the services paid by the state or the Health Safety Net or repay the HSN from the funds received from the third party. If the patient does not voluntarily repay the HSN from funds received from the third party, the HSN may recover such payments.

**XI. PUBLICATION OF CREDIT AND COLLECTION POLICY**

The Tufts Medicine Credit & Collection policy, Provider Affiliate List, and Tufts Medicine Financial Assistance Policy are available at: <http://www.TuftsMedicine.org>.

- 1) The website includes various ways in which patients can apply for assistance from Tufts Medicine, including a list of Financial Counseling locations, phone numbers, and other contact information. The website lets patients know that the application forms and Financial Counseling assistance are free.

**VI. Related Documents & Policies**


**APPENDIX A**

**This policy applies to the services delivered and billed by Tufts Medicine facilities at the following locations:**

- 1. Tufts Medical Center  
800 Washington Street, Boston, MA 02111
- 2. Floating Hospital for Children at Tufts Medical Center  
800 Washington Street, Boston, MA 02111
- 3. MelroseWakefield Hospital  
585 Lebanon Street, Melrose, MA 02176



4. Lawrence Memorial Hospital/Urgent Care  
170 Governors Avenue, Medford, MA 02155
5. Lowell General Hospital- Main Campus  
295 Varnum Avenue, Lowell, MA 01854
6. Lowell General Hospital- Saints Campus  
1 Hospital Drive, Lowell, MA 01852
7. South Boston Day Hospital  
58 Old Colony Avenue, Boston, MA 02111
8. Tufts Medical Center Mobile MRI at Lemuel Shattuck Hospital  
170 Morton Street, Jamaica Plain, MA 02130
9. Tufts Medical Center Imaging – Norfolk  
31 Pine Street, Norfolk, MA 02056
10. Tufts Medical Center Cancer Center  
41 Montvale Avenue, 3<sup>rd</sup> and 5<sup>th</sup> Floors, Stoneham, MA 02180
11. Tufts Medical Center Rheumatology Reading  
30 New Crossing Road, Suite 210, Reading, MA 01867
12. Tufts Medical Center Gastroenterology Stoneham  
51 Montvale Ave, Stoneham, MA 02180
13. Tufts Medical Center Neurology Medford  
170 Governors Ave, Suite 258, Medford, MA 02155
14. Tufts Medical Center Endocrine/Diabetes Melrose  
585 Lebanon Street, Melrose, MA 02176
15. Tufts Medical Center Endocrine/Diabetes Medford  
170 Governors Ave, Suite 258, Medford, MA 02155
16. Tufts Medical Center Neurology-Framingham  
463 Worcester Road, Framingham, MA 01701
17. Tufts Medical Center Pediatrics  
20 Research Pl, Suite 206, North Chelmsford, MA 01863
18. Tufts Medical Center Pediatrics  
179 Quincy Street, Brockton, MA 02302
19. Tufts Medical Center Pediatrics  
56 North Bedford, East Bridgewater, MA 02333

20. Tufts Medical Center Pediatrics  
25 Marston Street, Suite 206, Lawrence, MA 01841
21. Tufts Medical Center Pediatrics  
1 Pearl Street, Suite 1200, Brockton, MA 02301
22. Tufts Medical Center Pediatrics  
7 Alfred Street, Woburn, MA 01801
23. TMCCC  
1690 Crown Colony Dr, Quincy, MA 02169
24. TMCCC  
61 Lincoln Street, Suite 301, Framingham, MA 01702
25. TMCCC  
85 Worcester Road, Framingham, MA 01702
26. TMCCC  
31 Pine Street, Norfolk, MA 02056
27. TMCCC  
65 Walnut Street, Suite 201, Wellesley, MA 02481
28. TMCCC  
995 Concord Street, Framingham, MA 01701
29. Tufts Medical Center Braintree Women's Health  
15 Rockdale Street, Suite 201, Braintree, MA 02184
30. Tufts Medical Center OB/GYN  
50 Rowe Street, Melrose, MA 02176
31. Tufts Medical Center Heart Center of Metrowest  
95 Chapel Street, Norwood, MA 02062
32. Emerson Hospital Nephrology  
56 Winthrop Street, Concord, MA 01742
33. New England Eye Center  
7 Washington Street, Wellesley, MA 02481
34. New England Eye Center  
725 Concord Ave, Cambridge, MA 02138
35. New England Eye Center  
995 Concord Street, Framingham, MA 01701

36. New England Eye Center  
11 Nevins Street, Brighton, MA 02135
37. New England Eye Center  
1371 Beacon Street, Brookline, MA 02446
38. Circle Health OB/GYN Chelmsford  
20 Research Place, Suite 320, North Chelmsford, MA 01863
39. Circle Health OB/GYN Dracut  
9 Loon Hill Road, Suite 202, Dracut, MA 01826
40. Circle Health OB/GYN Westford  
198 Littleton Road, Suite 201, Westford, MA 01886
41. Circle Health Pediatrics  
49 Atwood Road, Suite 3, Pelham, NH 03076
42. ConnectCare Hub  
One Hospital Drive, Saints Campus, Lowell, MA 01852
43. Diabetes and Endocrine Center  
9 Loon Hill Road, Suite 301, Dracut, MA 01826
44. Dracut Family Medicine  
1595 Bridge Street, Suite 3, Dracut, MA 01826
45. Greater Lowell Vascular Surgery  
275 Varnum Ave, Suite 102, Lowell, MA 01854
46. Lowell Infectious Disease Associates  
275 Varnum Ave, Suite 102, Lowell, MA 01854
47. Lung Specialists of the Merrimack Valley  
33 Bartlett Street, Suite 505, Lowell, MA 01852
48. Merrimack Family Medicine  
600 Clark Road, 3<sup>rd</sup> Floor, Tewksbury, MA 01876
49. Merrimack Urology Associates  
31 Village Square, Chelmsford, MA 01824
50. Merrimack Valley Cardiology  
14 Research Place, North Chelmsford, MA 01863
51. Merrimack Valley Cardiology  
33 Bartlett Street, Unit 6-7, Lowell, MA 01852

52. Merrimack Valley Internal Medicine Associates  
20 Research Place, Suite 310, North Chelmsford, MA 01863
53. Office of Kathryn Olson, MD  
33 Bartlett Street, Suite 401, Lowell, MA 01852
54. Palliative Care  
295 Varnum Ave, 2<sup>nd</sup> floor Hanchett Bldg, Lowell, MA 01854
55. Tewksbury Family Health  
1574 Main Street, Suite 200, Tewksbury, MA 01876
56. Village Primary Care  
10 Research Place, Suite 200, North Chelmsford, MA 01863
57. Westford Family Medicine  
198 Littleton Road, Suite 102, Westford, MA 01886
58. TMCC Family Medicine  
178 Savin St, Suite 100 & 200A, Malden, MA 02148
59. TMCC Family Medicine  
578 Main Street, 2<sup>nd</sup> Floor, Malden, MA 02148
60. TMCC Family Medicine  
425 Revere Street, Revere, MA 02151
61. TMCC Family Medicine  
52 Crest Ave, Winthrop, MA 02152
62. TMCC Internal Medicine  
101 Main Street, Suite 116, Medford, MA 02155
63. TMCC Internal Medicine  
101 Main Street, Suite 214, Medford, MA 02155
64. TMCC Internal Medicine  
101 Main Street, Suite 204, Medford, MA 02155
65. TMCCC at LMH  
280 Governor's Ave (ground floor), Medford, MA 02155
66. TMCCC Internal Medicine  
830 Main Street, Suite 2, Melrose, MA 02176
67. TMCCC Internal Medicine  
30 New Crossing Road, Suite 205, Reading, MA 01867
68. TMCCC Internal Medicine

30 New Crossing Road, Suite 200, Reading, MA 01867

69. TMCCC Internal Medicine  
888 Main Street 1<sup>st</sup> Floor, Wakefield, MA 01880
70. TMCCC Internal Medicine  
170 Governors Ave, Suite 256, Medford, MA 02155
71. TMCCC Internal Medicine  
170 Governors Ave, Suite 260, Medford, MA 02155
72. TMCCC Geri-NSG Home  
101 Main Street, Suite 116, Medford, MA 02155
73. TMCCC Cardiology  
101 Main Street, Suite 216, Medford, MA 02155
74. TMCCC Cardiology  
607 North Ave, Door 17, Wakefield, MA 01880
75. TMCCC Cardiology  
50 Rowe Street, Ste 500, Melrose, MA 02176
76. TMCCC Endocrinology  
170 Governors Ave, 1<sup>st</sup> Floor, Medford, MA 02155
77. TMCCC Endocrinology  
585 Lebanon Street, 1<sup>st</sup> Floor, Melrose, MA 02176
78. TMCCC Otolaryngology  
585 Lebanon Street, Suite 401, Melrose, MA 02176
79. TMCCC Gastroenterology  
51 Montvale Ave, 1<sup>st</sup> Floor, Stoneham, MA 02180
80. TMCCC General Surgery  
888 Main Street, 2<sup>nd</sup> Floor, Wakefield, MA 01880
81. TMCCC General Surgery  
91 Montvale Ave, Suite 208, Stoneham, MA 02180
82. TMCCC Vascular Surgery  
91 Montvale Ave, Suite 208, Stoneham, MA 02180
83. TMCCC Infectious Disease  
170 Governors Ave, Suite 260, Medford, MA 02155

84. TMCCC Infectious Disease  
585 Lebanon Street, Suite 401, Melrose, MA 02176
85. TMCCC OB/GYN  
30 New Crossing Rd, Suite 260, Reading, MA 01867
86. TMCCC OB/GYN  
101 Main Street, Suite 217, Medford, MA 02155
87. TMCCC OB/GYN  
109 Commercial Street, Malden, MA 02148
88. TMCCC OB/GYN  
310 Broadway, 3<sup>rd</sup> floor, Revere, MA 02151
89. TMCCC OB/GYN  
888 Main Street, Suite 201, Wakefield, MA 01880
90. TMCCC OB/GYN  
50 Rowe Street, Suite 400, Melrose, MA 02176
91. TMCCC OB/GYN  
663 Main Street, Melrose, MA 02176
92. TMCCC Urogynecology  
50 Rowe Street, Suite 400, Melrose, MA 02176
93. TMCCC Neurology  
170 Governors Ave, Suite 258, Medford, MA 02155
94. TMCCC Neurosurgery  
585 Lebanon Street, Suite 401, Melrose, MA 02176
95. TMCCC Pulmonology  
585 Lebanon Street, Suite 401, Melrose, MA 02176
96. TMCCC Rheumatology  
30 New Crossing Rd, Suite 210, Reading, MA 01867
97. TMCCC Radiation Therapy  
48 Montvale Avenue, Stoneham, MA 02180
98. TMCCC Urology  
50 Rowe Street, Suite 200, Melrose, MA 02176
99. TMCCC Urology  
91 Montvale Ave, Stoneham, MA 02180
100. TMCCC Community Counseling



101 Main Street, Suite 112, Medford, MA 02155

101. TMCCC Community Counseling  
178 Savin Street, Suite 200B, Malden, MA 02148

## APPENDIX B

Each of these providers or provider groups provides services at a hospital location; **however, they do not offer the same financial assistance program as Tufts Medicine:**

### Tufts Hospital-Based Providers

- Tufts Medical Center Physicians Organization, including:
  - a. Pratt Medical Group, Inc. (Cardiology, Endocrine, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Nutrition, Pulmonary, Rheumatology)
  - b. Pratt Orthopedic Associates, Inc.
  - c. New England Medical Center Group Practice, Inc. (DBA Neurosurgery)
  - d. Pratt Anesthesiology Associates, Inc.
  - e. Pratt Medical & Surgical Dermatology Associates, Inc.
  - f. Pratt Otolaryngology Head & Neck Surgery Associates, Inc. (Ear, Nose, and Throat)
  - g. Pratt Neurology Associates, Inc.
  - h. Pratt OB GYN Associates, Inc.
  - i. Pratt Ophthalmology Associates, Inc. (DBA New England Eye Center)
  - j. Pratt Pathology Associates, Inc.
  - k. Pratt Pediatric Associates, Inc.
  - l. Pratt Psychiatric Associates, Inc.
  - m. Pratt Radiology Associates, Inc.
  - n. Pratt Radiation Oncology Associates, Inc.
  - o. Pratt Rehabilitation Medicine Associates, Inc.
  - p. Pratt Surgical Associates, Inc.
  - q. Pratt Urology Associates, Inc.
  - r. Cardiovascular Center at Tufts Medical Center, Inc.
- Tufts Medical Center EP, LLC - Tufts MC Emergency Department Physicians located at 800 Washington Street, Boston, MA 02111
- Tufts University School of Dental Medicine
- Orthopedic and Sports Physical Therapy, Boston – Physical Therapy located on Biewend 7, 260 Tremont Street, Boston, MA 02116
- Outside Plastic Surgeons
  - a. Richard Bartlett, MD
  - b. Rita Sadowski, MD
- Private Practice Internal Medicine located on Biewend 1, 260 Tremont Street, Boston, MA 02116
  - a. Maria Gorbovitsky, MD
  - b. Yun Lam, MD
- Tufts Medical Center Community Care Inc.

### MelroseWakefield Hospital-Based Providers

- Commonwealth Radiology Associates
- Departments, where a patient may be seen by a provider not covered by the financial assistance policy, are: Cardiology, Endocrinology, Gastroenterology, Radiology, Hematology, Oncology, Infectious Disease, Internal Medicine, OB-GYN, Nephrology, Podiatry, Pulmonary, Rheumatology, Sleep Medicine, Surgery, Urology, Wound Care
- Fresenius Medical Care North America

- Hospital Medicine Associates (Team Health)
- Hallmark Health Medical Associates d/b/a Tufts Medical Center Community Care
- Commonwealth Radiology Associates
- Departments, where a patient may be seen by a provider not covered by the financial assistance policy, are: Cardiology, Endocrinology, Gastroenterology, Radiology, Hematology, Oncology, Infectious Disease, Internal Medicine, OB-GYN, Nephrology, Podiatry, Pulmonary, Rheumatology, Sleep Medicine, Surgery, Urology, Wound Care
- Fresenius Medical Care North America
- Hospital Medicine Associates (Team Health)
- Melrose Wakefield Emergency Physicians, Inc.
  - a. Providers in the Emergency Department located at MelroseWakefield Hospital at 585 Lebanon Street, Melrose, MA 02176.
  - b. Providers at Urgent Care located at 170 Governors Avenue, Medford, MA 02155 and 30 Newcrossing Road, Reading, MA 01867.
- Medford Surgery Center, LLC
- Mystic Medical Group, including Dr. Weinstein
- UMS New England Lithotripsy
- Pratt Anesthesia Associates, Inc
- Pratt Pathology Associates, Inc.
- Tufts MC Physicians Organization, Inc.
- Eliot
- Pediatrix
- Regional Home Care

## Lowell General Hospital-Based Providers

- Commonwealth Radiology Associates
- Merrimack Valley Emergency Associates
- New England Inpatient Specialist Adult Hospitalists
- OBHG Massachusetts - Lowell, P.C.
- Pathology Associates of Lowell
- Merrimack Valley Cardiology
- Lowell Anesthesiology Services, Inc.
- Pediatrics Hospitalist Program
- Tufts Intensivist Program
- Cancer Care Associates
- Radiation Oncology Associates
- Ramesh Donepudi, MD (Sleep Lab)
- Lung Specialists of Merrimack Valley (Sweta Desai, MD - Sleep Lab)
- Benjamin Henkle, MD LLC (LGH Pain Clinic)
- Surgi-Care (Durable Medical Equipment supplier)

**APPENDIX C**

**Tufts Medicine Patients Protected from Collection Action<sup>1</sup>**

***The following patients who receive medically necessary services from Tufts Medicine are exempt from collection actions to the extent described below. Collection actions include any activity by which Tufts Medicine or an agent of Tufts Medicine requests payment for services from the patient, the patient’s guarantor, or a third party responsible for payment. Such activities may include preadmission or pretreatment deposits, billing statements, collection follow-up letters, telephone contacts, personal contacts and activities of collection agencies and attorneys.***

Massachusetts Program	General Rule	Exceptions
MassHealth Patients	Tufts Medicine cannot bill as long as patient is able to provide proof of participation.	a. May bill for copayments and deductibles.  b. May bill for patients who cannot provide proof of participation.
Emergency Aid to the Elderly, Disabled and Children (EAEDC) Patients		
Children’s Medical Security Plan (CMSP) Patients with MAGI income equal to or less than 300% FPL		
Medical Hardship Patients	Tufts Medicine cannot bill the patient for the portion of its bill that exceeds the Medical Hardship contribution. This includes patients who become eligible for Medical Hardship payment from the HSN and have a pending Emergency Bad Debt claim.	
<b>LOW INCOME PATIENTS</b>		
All Low Income Patients	Tufts Medicine cannot bill the patient for non-reimbursable health services that the patient has agreed to take financial responsibility for if: (i) the claim for the non-reimbursable health service related to a medical error, or (ii) if the claim was denied by the patient’s primary insurance due to an administrative or billing error.	a. May bill the patient for non-reimbursable health services for which the patient has agreed to take financial responsibility.  b. At the request of the patient, Tufts Medicine may bill the patient in order to allow the patient to meet the one-time deductible associated with the CommonHealth program.

<p>All Low Income Patients Except Dental-Only Low Income patients</p>	<p>Tufts Medicine cannot bill for reimbursable health services for which the Hospital is receiving payments from the HSN.</p>	<ul style="list-style-type: none"> <li>a. May bill for copayments and deductibles.</li> <li>b. May bill for eligible services rendered by the Hospital prior to the patient's determination as Low Income by the state or after their Low Income status has expired or been terminated.</li> </ul>
<p>Low Income Patients with MassHealth MAGI income or Medical Hardship Family Countable income between 150.1% to 300% of the FPL</p>	<p>Tufts Medicine cannot bill the patient for the portion of its bill that exceeds the deductible.</p>	<ul style="list-style-type: none"> <li>a. May bill for pharmacy copayments.</li> <li>b. May bill for Partial HSN deductible.</li> <li>c. May bill for eligible services rendered by the Hospital prior to the patient's determination as Low Income by the state or after their Low Income status has expired or been terminated.</li> </ul>

<sup>1</sup>See, *Massachusetts Health Safety Net regulations at 101 C.M.R. § 613.08(3)*.

**APPENDIX D**

**Sample Patient Statement—Page 1**





Statement Date: September 01, 2021  
Account Number: 100000108  
Responsible Party: Connor Test

Thank you for choosing Wellforce for your health care.

Wellforce includes Circle Health/Lowell General Hospital, MelroseWakefield Healthcare, Tufts Medical Center and home health services.

Your balance is currently past due. Please submit payment of \$000.00 by September 29, 2021 to avoid collections or call us at 000-000-0000 if you would like to make payment arrangements.

Account Summary

Total Charges	387.00
Insurance Payments	0.00
Your Previous Payments	0.00
<b>Your Current Balance</b>	<b>387.00</b>

Amount due by September 29, 2021  
**\$387.00**

- Pay by Phone**  
Call 555-555-5555 to pay by credit or debit card.  
8 AM to 5 PM Monday through Friday.
- Pay by Mail**  
Complete the form below and return in the enclosed envelope with your payment.

**Pay Your Bill Online**

**MyChart**

Sign-up for a Wellforce MyChart account.  
It's the easiest way to view your statements, make payments, schedule appointments, apply for financial assistance and more!

<http://www.epichealth.net/MyChart>  
Activation code: EXZ9S-NDUJE-DWMXV

Not interested in signing up for MyChart?  
Use this info for guest pay.  
Guarantor ID: 100000108 Name: Test

Detach the bottom portion to return with your payment.



Make checks payable to Wellforce.

My address or insurance information has changed.  
I have written these changes on the back of this form.

Addressee:  
Connor Test  
1110 Made Up Way  
Madison, WI 53703

Statement Date: September 01, 2021  
Account Number: 100000108

You owe \$387.00  
Due by September 29, 2021

Amount enclosed:  
\$

Mail payment to:  
Wellforce  
P.O. Box 23049  
New York, NY 10087-3049

2304910000010809012100000387008

APPENDIX D

Sample Patient Statement—Page 2 (including Financial Assistance language)



Statement Date: September 01, 2021  
 Account Number: 100000108  
 Responsible Party: Connor Test

**Notice of Availability of Financial Assistance**

The hospital will provide medically necessary services to all persons who are unable to pay (as defined by the U.S. Department of Health and Human Services Poverty Income Guidelines), without charge or reduced charges. If you think you may be eligible for financial assistance or other public assistance programs, and would like more information, please contact the Financial Counseling department at 617-000-000 or visit our website for more information.

**This bill is for Wellforce charges only.**  
**You could receive additional bills for services provided.**

This bill is for the hospital/facility and employed physician(s) services. This may include tests, equipment, supplies, hospital technical staff and employed professional billing charges. Billing for certain physician services might not be included in this bill and may be billed separately. This may include services by ER physicians, Hospitalists, Anesthesiologists, Radiologists, Pathologists, Surgeons, as well as others.

These services were provided while you were under our care, or at the request of your physician and/or providers.

Please complete the appropriate sections and return in the enclosed envelope.

Patient Name	DOB	SSN
Street	Home Phone	Cell Phone
City	State	Zip
Employer		
Employer Address		
Insurance Company	Address	
Subscriber Name	Relationship to Subscriber	
Member ID No.	Group No.	
Workers Comp Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Accident Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Incident
Other Insurance Information		

