

**HILLTOWN COMMUNITY HEALTH  
CENTERS FINANCE COMMITTEE MEETING**

**March 11, 2021  
4:30 – 5:30 pm**

**Zoom Meeting**

**[https://hchcweb-org.zoom.us/j/91783095735?](https://hchcweb-org.zoom.us/j/91783095735?pwd=RVVCUWlnWDBEUkd4eit1aUFiTU5rZz09)  
[pwd=RVVCUWlnWDBEUkd4eit1aUFiTU5rZz09](https://hchcweb-org.zoom.us/j/91783095735?pwd=RVVCUWlnWDBEUkd4eit1aUFiTU5rZz09)**

**Passcode: 738165**

**AGENDA**

1. Review minutes from February 11th
2. Presentation of January's financial and statement results
3. PHP review and request for approval
4. Other items as needed

## Finance Committee Meeting

Date/Time: 2/11/2021 4:30pm

Zoom Meeting

**MEMBERS (all members present via teleconferencing):** Lee Manchester, President, John Follet, Treasurer; Eliza Lake, CEO; John Melehov, CFO;

**EXCUSED:** Tabitha Griswold, Executive Assistant

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Meeting called to order.	Meeting called to order by John Follet at 4:31pm.	N/A
Approval of Minutes 12/10/2020 & 1/14/2021	<p>The minutes for December and January were presented. John Follet noted that in the January minutes it was mentioned that the pharmacy revenue increased, and a correction to the date of the next meeting.</p> <p>Lee Manchester motioned to approve the December minutes, Eliza Lake second that motion.</p> <p>Lee Manchester motioned to move on the January minutes as amended, John Follet seconded the motion.</p>	<p>The Finance Committee unanimously approved the December minutes.</p> <p>The Finance Committee unanimously approved the January minutes as amended.</p>
December and the Full Year Financials	<ul style="list-style-type: none"><li>John Melehov reported on the Interim Financial Statement for December and the full year. December had a positive net income due to \$429K in 330 grant income catch up from the year. There was a net annual income of \$831K then due to the 330 billed at the end of the year. The income statement shows that the expense billings were consistent month to month, except for the \$429K deposit from the 330 grants draw down. Patient revenue is down \$1.7M, which was made whole, but revenue will need to get back to normal in the next year for stability. Pharmacy is not included in patient revenue,</li></ul>	

	<p>and that income increased up to \$213K this year and the grant revenue saw a tremendous increase up to \$2.3M this year. The salary expenses were 6% or \$406K favorable to last year. Looking ahead to 2021 that percentage is down to 2%, all due to less doctors, no projected furloughs and adjusting lower end salaries. Expenses were consistent and year to year there was a 10% increase with more money available that we had to spend down. Bad Debt is a lagging statistic, effected by lack of billings, due to providers not doing much care, and the billing dept. staffing being affected and cleaning out old accounts. Cash on hand increased \$8K in December. Balance sheet shows a current ratio of 1.83 with current assets of \$2.1M and liabilities being \$1.2M. All the months had oddities, but the yearend totals are the truest statistics to focus on. It was a good year unlike any other financially the agency has had even with the huge decreases in revenue.</p>	
Other Items	<ul style="list-style-type: none"> <li>• John reported that HCHC received another \$1.7M in PPP funding for the round 2 application. This money will be applied as a loan at first, once forgiven marked as a grant. This application requires to show the same 25% loss as the last application, and this loss can be pulled from last year's data. John chose to use the third quarter in 2020 with a 27% loss.</li> <li>• Cash flow projections indicate stability until early 2023. The cash only balance has reached 2.7M, not including investments of accounts receivables.</li> </ul>	
2021 Budget	<ul style="list-style-type: none"> <li>• The 2021 Budget was presented by John Melehov. The budget was loosely based off 2020 due to lack of consistency. However, status of the fourth quarter of 2020 had more stability to work with and John added in seasonal fluctuations to extrapolate 12 months' worth of data. Revenue highlights were discussed with a standard decrease in revenue across all clinical departments except for behavioral health. The pharmacy revenue is projected to have a substantial increase, especially with</li> </ul>	<p>The Finance Committee unanimously voted to recommend the 2021 Budget to the full Board.</p>

	<p>the 340B enhancement efforts. More expenses will be associated with the pharmacy as that increases. Payroll expenses should increase back to 2019 levels. Consulting costs will remain high due to anticipated challenges with remote work, 340B consultant, and ongoing projects. Travel and educations expenses should be more normalized as people catch up on CPEs and offices increase on-site presence. The PPE needs and costs will remain high through 2021 with the ongoing pandemic. Th net income is projected to be \$41K for a net surplus with the PPP loan allowing us to operate through 2023.</p> <p><b>Lee Manchester motion to recommend the 2021 Budget to the full Board, seconded by John Follet.</b></p>	
Adjourn & Next Meeting	<p><b>A motion to adjourn the meeting was made first by Lee Manchester and seconded by John Follet. The meeting adjourned at 5:26pm.</b></p> <p>The next regular Finance Committee meeting is scheduled for March 10, 2021 at 1:00pm via Zoom.</p>	The committee voted unanimously to adjourn.

Submitted by,  
Tabitha Griswold, Executive Assistant



# Hilltown Community Health Center

## Interim Financial Statement Presentation

January 2021 - Presented 3/10/2021

# Highlights

- ▶ **(\$40K)** Net Income
  - ▶ **\$261K** billed to 330, catch-up from PPP coordination
- ▶ **\$1M** positive cash flow from PPP-2

# Income Statement

	Jan Actual	PY YTD Actual	\$ Change	% Change
<b>OPERATING ACTIVITIES</b>				
<b>Revenue</b>				
Patient Services - Medical	\$135,440	\$194,733	(\$59,292)	-30%
Patient Services - Dental	\$106,182	\$145,933	(\$39,751)	-27%
Patient Services - Beh. Health	\$36,624	\$39,953	(\$3,329)	-8%
Patient Services - Optometry	\$9,337	\$19,191	(\$9,853)	-51%
Patient Services - Optometry Hardware	\$6,162	\$10,443	(\$4,281)	-41%
Patient Services - Pharmacy	\$37,224	\$7,260	\$29,963	413%
Quality & Other Incentives	\$3,776	\$475	\$3,301	695%
HRSA 330 & Other Grant	\$261,014	\$136,455	\$124,559	91%
Other Grants & Contracts	\$49,817	\$59,052	(\$9,235)	-16%
Int., Dividends Gain /Loss Investmenst	(\$465)	(\$2,424)	\$1,959	-81%
Rental & Misc. Income	\$2,577	\$4,002	(\$1,425)	-36%
<b>Total Operating Revenue</b>	<b>\$647,688</b>	<b>\$615,073</b>	<b>\$32,616</b>	<b>5%</b>

- ▶ Patient revenue severely decreased from pre-covid conditions but consistent with new normal
- ▶ 330 Grant payments playing catch-up - **\$261K**

	Jan Actual	PY YTD Actual	\$ Change	% Change
<b>Compensation and related expenses</b>				
Salaries and wages	(\$443,161)	(\$481,077)	\$37,915	8%
Payroll taxes	(\$33,016)	(\$36,589)	\$3,572	10%
Fringe benefits	(\$47,695)	(\$43,725)	(\$3,969)	-9%
Total Compensation & related exp	(\$523,873)	(\$561,390)	\$37,518	7%

- 7% or \$38K favorable to last year

	Jan Actual	PY YTD Actual	\$ Change	% Change
<b>Other Operating Expenses</b>				
Advertising and marketing	(\$10)	\$0	(\$10)	
Bad debt	(\$10,871)	(\$1,307)	(\$9,564)	-732%
Computer support	(\$8,840)	(\$7,088)	(\$1,753)	-25%
Conference and meetings	(\$2,087)	(\$248)	(\$1,839)	-741%
Continuing education	(\$1,522)	(\$2,368)	\$846	36%
Contracts and consulting	(\$13,540)	(\$2,713)	(\$10,828)	-399%
Depreciation and amortization	(\$28,544)	(\$27,651)	(\$894)	-3%
Dues and membership	(\$6,731)	(\$2,355)	(\$4,376)	-186%
Equipment leases	(\$1,535)	(\$2,580)	\$1,045	40%
Insurance	(\$2,206)	(\$2,128)	(\$78)	-4%
Interest	(\$354)	(\$1,289)	\$935	73%
Legal and accounting	(\$2,630)	(\$2,500)	(\$130)	-5%
Licenses and fees	(\$5,283)	(\$4,115)	(\$1,168)	-28%
Medical & dental lab and supplies	(\$6,811)	(\$10,442)	\$3,631	35%
Merchant CC Fees	(\$136)	(\$1,576)	\$1,440	91%
Office supplies and printing	(\$4,214)	(\$2,304)	(\$1,911)	-83%
Postage	(\$2,189)	(\$117)	(\$2,072)	-1776%
Program supplies and materials	(\$15,674)	(\$19,372)	\$3,698	19%
Pharmacy & Optometry COGS	\$426	(\$7,980)	\$8,406	105%
Recruitment	\$0	(\$4,049)	\$4,049	100%
Rent	(\$9,927)	(\$6,964)	(\$2,963)	-43%
Repairs and maintenance	(\$17,864)	(\$13,597)	(\$4,267)	-31%
Small equipment purchases	(\$7,898)	\$0	(\$7,898)	
Telephone	(\$11,151)	(\$10,928)	(\$223)	-2%
Travel	(\$619)	(\$1,947)	\$1,328	68%
Utilities	(\$5,193)	(\$3,234)	(\$1,959)	-61%
Total Other Operating Expenses	(\$165,405)	(\$138,848)	(\$26,557)	-19%
<b>NET OPERATING SURPLUS</b>	<b>(\$41,589)</b>	<b>(\$85,166)</b>	<b>\$43,576</b>	<b>51%</b>
<b>NON-OPERATING ACTIVITIES</b>				
Donations, Pledges & Contributions	\$1,870	\$120	\$1,750	1458%
<b>NET NON-OPERATING SURPLUS</b>	<b>\$1,870</b>	<b>\$120</b>	<b>\$1,750</b>	<b>1458%</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>(\$39,719)</b>	<b>(\$85,046)</b>	<b>\$45,326</b>	<b>-53%</b>

- Year-over-year, other spending increased **44K**
- Net Deficit **\$45K** less negative due to timing of 330 draws

# Cash Flow

<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
	NET SURPLUS/(DEFICIT) FOR PERIOD	(\$39,719)
	PROVIDED (USED) BY OPERATING ACTIVITIES	
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$1,042,644
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(\$29,535)
	<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>\$1,013,109</b>
	<b>CASH AND CASH EQUIVALENTS AS OF 1/1/2021</b>	<b>\$2,127,873</b>
	<b>CASH AND CASH EQUIVALENTS AS OF 1/31/2021</b>	<b>\$3,140,982</b>

- ▶ Cash on hand increased **\$1M**
- ▶ PPP Main increase in *Operating Activities*
- ▶ Dental Equipment only decrease in *Investing Activities*

# Balance Sheet (as of 12/31/20)

<b>ASSETS</b>		
	Total Current Assets	\$3,241,326
	Net Property & Equipment	\$4,012,280
	Total Other Assets	\$355,300
	<b>TOTAL ASSETS</b>	<b>\$7,608,906</b>
<b>Liabilities &amp; Fund Balance</b>		
	Total Current Liabilities	\$2,325,547
	Total Long Term Liabilities	\$130,409
	<b>Total Liabilities</b>	<b>\$2,455,956</b>
	Fund Balance / Equity	
	Fund Balance Prior Years	\$5,152,949
	Total Fund Balance / Equity	\$5,152,949
	<b>Total Liabilities &amp; Fund Balance</b>	<b>\$7,608,906</b>

- ▶ Current Assets = **\$3.2 M**
- ▶ Current Liabilities = **\$1.15 M** (PPP improperly included as current in statement)
- ▶ Current Ratio = **2.78**

**Hilltown Community Health Centers  
Income Statement 2021**

	Jan Actual	PY YTD Actual	\$ Change	% Change
<b>OPERATING ACTIVITIES</b>				
<b>Revenue</b>				
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Utilities	(\$5,193)	(\$3,234)	(\$1,959)	-61%
Total Other Operating Expenses	(\$165,405)	(\$138,848)	(\$26,557)	-19%
<b>NET OPERATING SURPLUS</b>	<b>(\$41,589)</b>	<b>(\$85,166)</b>	<b>\$43,576</b>	<b>51%</b>
<b>NON_OPERATING ACTIVITIES</b>				
Donations, Pledges & Contributions	\$1,870	\$120	\$1,750	1458%
<b>NET NON-OPERATING SURPLUS</b>	<b>\$1,870</b>	<b>\$120</b>	<b>\$1,750</b>	<b>1458%</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>(\$39,719)</b>	<b>(\$85,046)</b>	<b>\$45,326</b>	<b>-53%</b>

**Hilltown Community Health Centers**  
**Statement of Cash Flows**  
**January 2021**

**CASH FLOWS FROM OPERATING ACTIVITIES**

NET SURPLUS/(DEFICIT) FOR PERIOD (\$39,719)

ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH

PROVIDED (USED) BY OPERATING ACTIVITIES

01-11102-00	Increase in ECW/AR PAYMENT	(\$21,102)
01-11103-00	Decrease in DENTRIX/AR PAYMENT	\$18,210
01-13200-00	Increase in PREPAID EXPENSES	(\$11,634)
01-13210-00	Increase in PREPAID INSURANCE	(\$3,286)
01-13410-00	Decrease in PREPAID VISION INSURANCE	\$29
01-13700-00	Decrease in PREPAID WORKMANS' COMP	\$2,145
01-22100-00	Decrease in ACCOUNTS PAYABLE	(\$84,504)
01-22350-00	Increase in NOTES PAYABLE	\$1,158,322
01-23000-00	Increase in ACCRUED EXPENSES - CREDIT CARD	\$4,786
01-24200-00	Increase in FICA TAX W/H	\$2
01-24500-00	Decrease in FLEXIBLE SPENDING BENEFIT	(\$2,717)
01-25900-01	Decrease in SALES TAX PAYABLE	(\$15)
01-25900-02	Decrease in SALES TAX PAYABLE	(\$8)
01-26000-00	Decrease in ACCRUED EXPENSES	(\$5,868)
01-26010-00	Increase in ACCRUED SALARIES/PAYROLL	\$16,482
01-26020-00	Increase in ACCRUED FICA PAYABLE	\$1,208
01-26030-00	Increase in ACCRUED VACATION	\$12,664
01-26040-00	Increase in ACCRUED VACATION FICA	\$969
01-28110-00	Decrease in UNITED BANK MORTGAGE HUNTG	(\$1,542)
01-29400-00	Decrease in DEFERRED REVENUE	(\$1,413)
01-29401-00	Decrease in HSN - DEFERRED REVENUE (INTERIM PAYMENTS)	(\$7,577)
01-29405-00	Increase in DENTRIX SUSPENDED CREDITS	\$7,213
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$1,042,644

**CASH FLOWS FROM INVESTING ACTIVITIES**

01-16250-01	LESS ACCUM DEPR	\$1,817
01-16250-02	LESS ACCUM DEPR	\$2,484
01-16252-02	ACCUM. AMORTIZATION	\$27
01-16350-01	LESS ACCUM DEPR	\$877
01-16350-02	LESS ACCUM DEPR	\$1,979
01-16450-04	LESS ACCUM DEPR LEASEHLD IMP	\$10,743
01-16500-02	FURNITURE & FIXTURES	(\$58,545)
01-16550-00	LESS ACCUM DEPR FURN & EQUIP	\$671
01-16550-01	LESS ACCUM DEPR FURN & EQUIP	\$1,422
01-16550-02	LESS ACCUM DEPR FURN & EQUIP	\$1,101
01-16550-03	LESS ACCUM DEPR FURN & EQUIP	\$938
01-16550-04	LESS ACCUM DEPR FURN & EQUIP	\$6,361
01-16560-01	LESS ACCUM DEPR STATE	\$126
01-18220-00	INVESTMENT VANGUARD	\$465
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(\$29,535)

NET INCREASE/(DECREASE) IN CASH \$1,013,109

CASH AND CASH EQUIVALENTS AS OF 1/1/2021 \$2,127,873

CASH AND CASH EQUIVALENTS AS OF 1/31/2021 \$3,140,982

**Hilltown Community Health Centers**  
**Balance Sheet**  
**as of 1/31/2021**

**ASSETS**

Current Assets

Cash - Operating Fund	\$2,511,923
Patient Receivables	\$733,563
Less Allow. for Doubtful Accounts	(\$64,318)
Less Allow. for Contractual Allowances	(\$285,465)
A/R 340B-Pharmacist	\$3,632
A/R 340B-State	\$11,034
Contracts & Grants Receivable	\$275,811
Prepaid Expenses	\$52,337
A/R Pledges Receivable	\$2,810
Total Current Assets	<u>\$3,241,326</u>

Property & Equipment

Land	\$204,506
Buildings	\$2,613,913
Improvements	\$929,483
Leasehold Improvements	\$1,933,674
Equipment	\$1,455,764
Total Property and Equipment	<u>\$7,137,340</u>
Less Accumulated Depreciation	(\$3,125,059)
Net Property & Equipment	<u>\$4,012,280</u>

Other Assets

Restricted Cash	\$4
Pharmacy 340B and Optometry Inventory	\$9,863
Investment - Vanguard	\$345,432
Total Other Assets	<u>\$355,300</u>

**TOTAL ASSETS**

**\$7,608,906**

**Liabilities & Fund Balance**

Current & Long Term Liabilities

Current Liabilities

Accounts Payable	\$95,262
Notes Payable	\$1,530,919
Sales Tax Payable	\$8
Accrued Expenses	\$8,189
Accrued Payroll Expenses	\$501,385
Payroll Liabilities	\$12,136
Deferred Contract Revenue	\$177,647
Total Current Liabilities	<u>\$2,325,547</u>

Long Term Liabilities

Mortgage Payable United Bank	\$130,409
Total Long Term Liabilities	<u>\$130,409</u>

**Total Liabilities**

**\$2,455,956**

Fund Balance / Equity

Fund Balance Prior Years	\$5,152,949
Total Fund Balance / Equity	<u>\$5,152,949</u>

**Total Liabilities & Fund Balance**

**\$7,608,906**

**HILLTOWN COMMUNITY HEALTH CENTERS, INC.**  
**58 OLD NORTH ROAD**  
**WORTHINGTON, MA 01098**  
**413-238-5511 FAX 413-238-5570**  
**MA SALES TAX EXEMPT # 042-161-484**  
**EXPIRES 01/01/2019**

**PURCHASE REQUISITION**

Suggested Vendor: Benco Requested by: Cynthia M  
 Address: \_\_\_\_\_ Program: Dental-HHC  
 Date: 1/8/2021

Catalog # (if known)	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL COST
	see attached			
	hygiene chairs			
	2 hygiene chairs +			
	accessories as			
	applicable			

( A CHECK REQUEST FORM IS REQUIRED FOR PAYMENT)

SUB-TOTAL

SHIPPING

TOTAL

22747.79

Approved by: Mary Loulliat 2/22/21  
 DEPARTMENT MANAGER DATE

Approved by: [Signature] 2/22/21  
 FINANCE DIRECTOR DATE

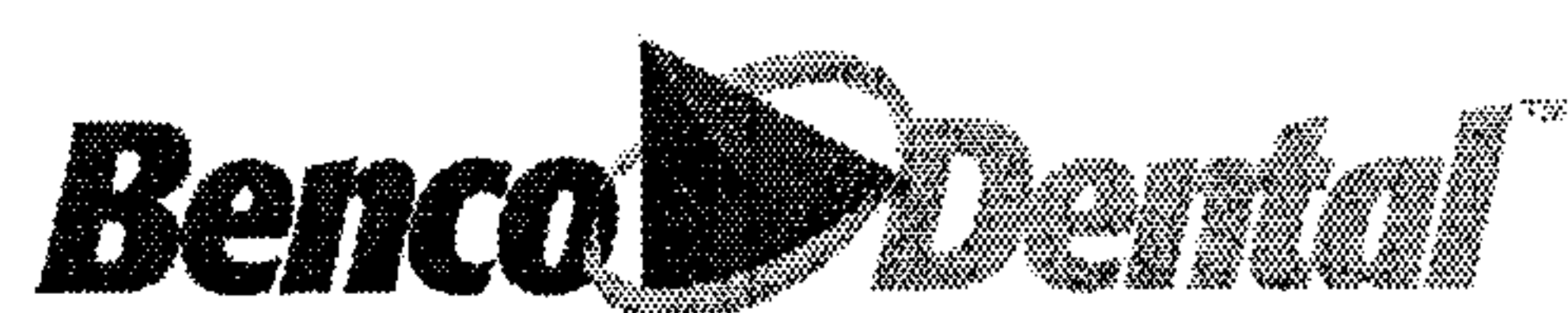
Approved by: [Signature] 01/08/2021  
 EXEC. DIRECTOR DATE

Approved by: \_\_\_\_\_  
 FINANCE COMM. OR CHAIR of BOD DATE

Up to \$500  
 \$501 to \$5,000  
 \$5,001 to \$10,000  
 \$10,001 and above

- Dept. Head or Designee signature only
- Dept. Head and either CFO or Executive Director
- Dept. Head, Exec. Dir. And CFO
- Exec. Dir, CFO, and Finance Committee OR Chair of BOD

NOTE - See Financial  
 Procedures Manual for  
 Procurement standards.



295 Centerpoint Blvd  
Pittston, PA 18640  
http://www.benco.com

## Equipment Sales Agreement

Ref No:	1445
Purchase Order:	00001445
Printed On:	1/7/2021
Prices Firm Until*:	1/22/2021

\*Prices subject to change with manufacturer price changes

### Customer Information

98432576 - EQAC HILLTOWN COMMUNITY HEALTH  
58 OLD NORTH RD  
WORTHINGTON, MA 01098-9708  
413-667-3009

### Installation Address

1 - EQAC HILLTOWN COMMUNITY HEALTH  
73 RUSSELL RD  
HUNTINGTON, MA 01050-9777  
413-667-3009

### Benco Information

Equipment Specialist: Tricia Aponte (S)  
267-664-0808

Sales Representative: Ryan Archambault (A)  
413-330-3698

### Requested Installation Date

3/4/2021

You may move forward your Requested Installation Date up to 45 days prior to the initial Requested Date. Changes or cancellations to this Equipment Order may result in additional charges or fees. See terms and conditions on reverse.

Qty	Item #	Mfgr	Item Description	Retail	Net	Net Ext	Cash	Cash Ext
2	5402-520	DCI	SERIES 5 DENTAL CHR 200W TRANS COLOR: TBD UPHOLSTERY STYLE: Asepsis ERGOBACK OR NARROW BACK: Ergoback 4895D-remove foot control	\$7,500.00	\$4,310.67	\$8,621.35	\$4,226.15	\$8,452.30
2	5035-383	DCI	ACCESSORY CONNECTION BOX	\$460.00	\$264.38	\$528.77	\$259.20	\$518.40
2	5044-524	DCI	SWING MT AUTO UNIT W POLE GRY	\$6,500.00	\$3,735.91	\$7,471.83	\$3,662.66	\$7,325.32
2	5044-588	DCI	REAR ASST UNIT W/4POS HOLDER	\$1,600.00	\$919.61	\$1,839.22	\$901.58	\$1,803.16
2	5036-202	DCI	EXTRA HVE,TUBING AND CONNECTOR	\$125.00	\$71.85	\$143.70	\$70.44	\$140.88
2	5044-882	DCI	LIGHT LED S5 SYS MT 115V GRY	\$3,100.00	\$1,781.75	\$3,563.49	\$1,746.81	\$3,493.62
2	5043-338	DCI	STOOL SERIES5 DOCTOR UPHOLSTERY COLOR: TBD	\$700.00	\$402.33	\$804.66	\$394.44	\$788.88

Subtotal : \$22,973.01 \$22,522.56

Freight : \$229.73 \$225.23

Tax : \$0.00 \$0.00

Total Invested : \$23,202.74 \$22,747.79

I have carefully reviewed the terms described above and stipulate that both the model numbers and pricing are correct and as agreed upon. I accept this agreement as presented or with the changes indicated above.

Patricia J Aponte  
Benco Representative

X  
Purchaser

X  
Date

**HENRY SCHEIN®**  
**DENTAL**  
135 Duryea Road, Melville, New York 11747  
(800) 645-6594

QUOTE#

20201222113554519

Bill To: MaryLou Stuart			Date: 12/22/2020		Acct No: 845308		Install Date:	
Address: 73 Russell Rd, DBA Huntington Health Center			Field Sales Consultant: Bob Tremblay		Sales Specialist: William Finkel		Sales Specialist:	
City: Huntington State: MA Zip: 01050			Installation Address: 73 Russell Rd, DBA Huntington Health Center					
Deliver To: Hilltown Community Health Ctr			City: Huntington		State: MA		Zip: 01050	
Phone: 4136673009			Phone: 4136673009		Fax: 1111111111			
Fax: 1111111111			New Acct:		Existing Acct:			
Email:			Henry Schein Dental					
			City:		State:		Zip:	
			Phone:		Fax:			

Qty	Manufacturer	Item Code	Description	Price	Total
2	DCI	642-2037	Chr,Next Gen,Ser 5,200W	\$5,495.00	\$10,990.00
2	DCI	642-0121	Swg Mt Auto Dtl Unit,Gray	\$3,995.00	\$7,990.00
2	DCI	642-1176	Lt Source Sys,Dlx Dual HP	\$110.00	\$220.00
2	DCI	642-0762	ISO-C 6-Pin PO HP Tubing	\$125.00	\$250.00
2	DCI	642-2676	Operatory LED Track Mount	\$2,900.00	\$5,800.00

<input checked="" type="checkbox"/> Henry Schein Financial Services		<input type="checkbox"/> Cash/Bank Financing		Subtotal: \$25,250.00	
SSN*:		SSN*:		Shipping & Handling:	
DOB:		Bank Name:		0.000% ESTIMATED TAX: \$0.00	
Credit Card #:		Bank Officer:		Total: \$25,250.00	
Expiration:		Bank Phone:		Deposit:	
				Balance Due: \$25,250.00	

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.  
Orders are subject to credit approval.

X _____	_____	X _____	_____
Purchaser's Signature	Date	Sales Specialist	Date
Prices are in effect until _____		Acceptance by Henry Schein Dental _____	
		Date _____	

Special Instructions

**HILLTOWN COMMUNITY HEALTH CENTERS, INC.**  
**58 OLD NORTH ROAD**  
**WORTHINGTON, MA 01098**  
**413-238-5511 FAX 413-238-5570**  
**MA SALES TAX EXEMPT # 042-161-484**  
**EXPIRES 01/01/2019**

**PURCHASE REQUISITION**

Suggested Vendor: Benco Requested by: Cynthia M  
 Address: \_\_\_\_\_ Program: Dental - HHC  
 Date: 1/8/2021

Catalog # (if known)	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL COST
	See attached			
	PANO + x ray arm			

( A CHECK REQUEST FORM IS REQUIRED FOR PAYMENT)

Approved by: <u>Mary [Signature]</u> <u>2/22/21</u> DEPARTMENT MANAGER DATE	
Approved by: <u>[Signature]</u> <u>2/22/21</u> FINANCE DIRECTOR DATE	
Approved by: <u>[Signature]</u> <u>01/08/2021</u> EXEC. DIRECTOR DATE	
Approved by: _____ FINANCE COMM. OR CHAIR of BOD DATE	

Up to \$500 \$501 to \$5,000 \$5,001 to \$10,000 \$10,001 and above	- Dept. Head or Designee signature only - Dept. Head and either CFO or Executive Director - Dept. Head, Exec. Dir. And CFO - Exec. Dir, CFO, and Finance Committee OR Chair of BOD
--	---

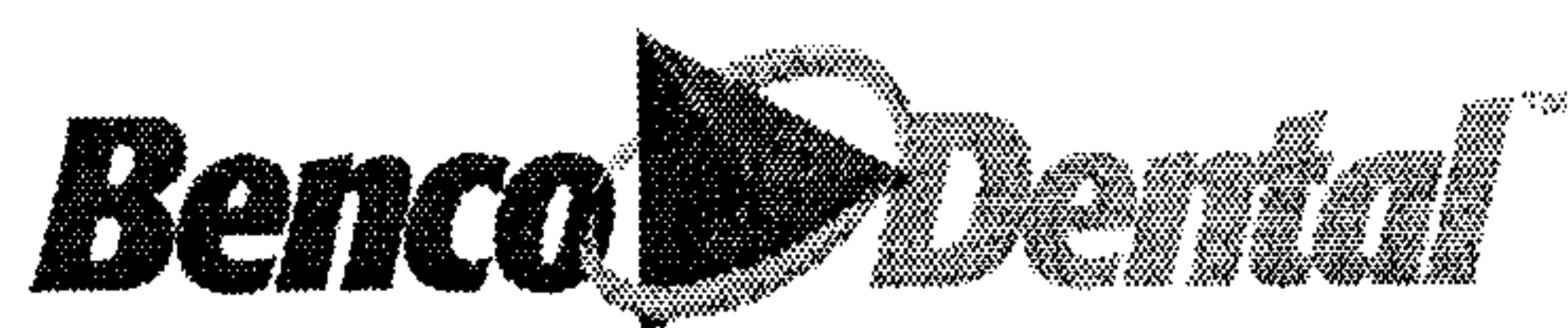
SUB-TOTAL

SHIPPING

TOTAL

25990.53

NOTE - See Financial Procedures Manual for Procurement standards.



295 Centerpoint Blvd  
Pittston, PA 18640  
<http://www.benco.com>

## Equipment Sales Agreement

Ref No:	1481
Purchase Order:	00001481
Printed On:	1/7/2021
Prices Firm Until*:	2/6/2021

\*Prices subject to change with manufacturer price changes

### Customer Information

98432576 - EQAC HILLTOWN COMMUNITY HEALTH  
58 OLD NORTH RD  
WORTHINGTON, MA 01098-9708  
413-667-3009

### Installation Address

1 - EQAC HILLTOWN COMMUNITY HEALTH  
73 RUSSELL RD  
HUNTINGTON, MA 01050-9777  
413-667-3009

### Benco Information

**Equipment Specialist:** Tricia Aponte (S)  
267-664-0808  
**Sales Representative:** Ryan Archambault (A)  
413-330-3698

### Requested Installation Date

3/4/2021

You may move forward your Requested Installation Date up to 45 days prior to the initial Requested Date. Changes or cancellations to this Equipment Order may result in additional charges or fees. See terms and conditions on reverse.

Qty	Item #	Mfgr	Item Description	Retail	Net	Net Ext	Cash	Cash Ext
1	5415-301	INSTRU	OP3D 2D PAN ONLY UPGRADEABLE	\$33,325.00	\$22,436.88	\$22,436.88	\$21,996.94	\$21,996.94
1	3741-293	MIDMA	PREVA DC INTRAORAL XRAY 76"DBL	\$6,070.00	\$3,810.99	\$3,810.99	\$3,736.26	\$3,736.26

**Subtotal :** \$26,247.86 \$25,733.20

**Freight :** \$262.48 \$257.33

**Approximate Tax\* :** \$0.00 \$0.00

**Total Invested :** \$26,510.34 \$25,990.53

\* Please note tax is estimated based on installation address, and subject to change without notice. Exact taxes will be reflected on your final invoice.

I have carefully reviewed the terms described above and stipulate that both the model numbers and pricing are correct and as agreed upon. I accept this agreement as presented or with the changes indicated above.

Patricia J Aponte  
Benco Representative

X  
Purchaser

X  
Date

**HENRY SCHEIN®**  
**DENTAL**  
135 Duryea Road, Melville, New York 11747  
(800) 645-6594

QUOTE#

20201222113327253

<b>Date:</b> 12/22/2020			<b>Acct No:</b> 845308		<b>Install Date:</b>	
<b>Field Sales Consultant:</b> Bob Tremblay			<b>Sales Specialist:</b> William Finkel		<b>Sales Specialist:</b>	
<b>Installation Address:</b> 73 Russell Rd, DBA Huntington Health Center						
<b>City:</b> Huntington			<b>State:</b> MA		<b>Zip:</b> 01050	
<b>Address:</b> 73 Russell Rd, DBA Huntington Health Center			<b>Phone:</b> 4136673009		<b>Fax:</b> 1111111111	
<b>City:</b> Huntington			<b>State:</b> MA		<b>Zip:</b> 01050	
<b>Deliver To:</b> Hilltown Community Health Ctr			<b>New Acct:</b>			<b>Existing Acct:</b>
<b>Phone:</b> 4136673009			<b>Henry Schein Dental</b>			
<b>Fax:</b> 1111111111			<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Email:</b>			<b>Phone:</b>		<b>Fax:</b>	

Qty	Manufacturer	Item Code	Description	Price	Total
1	INSTRM	628-5767	Pan,OP 3D,2D Pan Only	\$25,995.00	\$25,995.00
1			CUSTOMER WILL NEED TO PROVIDE	\$0.00	\$0.00
1			ACQUISTION COMPUTER	\$0.00	\$0.00

<input checked="" type="checkbox"/> Henry Schein Financial Services		<input type="checkbox"/> Cash/Bank Financing		<b>Subtotal:</b> \$25,995.00	
<b>SSN*:</b>		<b>SSN*:</b>		<b>Shipping &amp; Handling:</b>	
<b>DOB:</b>		<b>Bank Name:</b>		0.000% <b>ESTIMATED TAX:</b> \$0.00	
<b>Credit Card #:</b>		<b>Bank Officer:</b>		<b>Total:</b> \$25,995.00	
<b>Expiration:</b>		<b>Bank Phone:</b>		<b>Deposit:</b>	
				<b>Balance Due:</b> \$25,995.00	

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.  
Orders are subject to credit approval.

X \_\_\_\_\_ X \_\_\_\_\_  
Purchaser's Signature Date Sales Specialist Date

Prices are in effect until \_\_\_\_\_ Acceptance by Henry Schein Dental \_\_\_\_\_ Date \_\_\_\_\_

**Special Instructions**



<b>Policy Title:</b> Sliding Fee Discount Program	<b>Policy Number:</b> FIN-03
<b>Department:</b> Administrative	<b>Policy status:</b> Active
<b>Regulatory Reference:</b> HRSA/BPHC [Public Health Service Act 330(k)(3)(G) of the PHS Act; and 42 CFR 51c 303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g) and 42 CFR 56.303(u)]	
<b>Date Published:</b> JAN 2013	
<b>Dates Reviewed:</b> MAR 2021	
<b>Dates Revised:</b> MAR 2021	

## **PURPOSE:**

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors have adopted this policy to make available a sliding fee discount program to ensure that no patient will be denied health care services provided by HCHC due to an inability to pay or on the basis of race, color, religion, creed, sex, gender, gender identity or gender expression, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law with respect to the provision of services.

This policy includes a formal documented process designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical, optometry, behavioral health and dental services (Uninsured or Underinsured). The HCHC Navigators and the Billing Manager's role under this policy is to act as a patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Discounts are offered based on family size and annual household income which is documented through the completion of the "Sliding Fee Discount Application". The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG). The professional services component of procedures performed by HHC staff that involve lab charges or other 3<sup>rd</sup> party fees are subject to all sliding fee discount conditions and will be charged in accordance with the SFDP. Payment options and lab or separate eligible service costs will be discussed up front prior to services being provided and referenced in written documentation (eg, treatment plans).

The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

## **POLICY:**

To make available discount services to those in need.

Questions regarding this policy or any related procedure should be directed to the Chief Financial Officer at 413-238-4116

Originally Drafted: JANUARY 2013      Reviewed or Revised: MARCH 2021

Approved by:

Name: Eliza B. Lake

Date: 3/11/2021

Eliza B. Lake

Chief Executive Officer, HCHC

Name: M. Lee Manchester

Date: 3/11/2021

Lee Manchester

President, HCHC Board of Directors

## **Procedure:**

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** HCHC will notify patients of the Sliding Fee Discount Program by:
  - Notification of Sliding Fee Discount Program in the clinic waiting area.
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon registration as a patient of HCHC.
  - Notification of financial assistance on each invoice and collection notice sent out by HCHC.
  - An explanation of our Sliding Fee Discount Program and our application form are available on HCHC's website.
2. **All patients** seeking healthcare services at HCHC are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk, Billing Department and from Navigators.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Finance Department / Billing Manager or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application with Navigators and /or the Billing Manager. Dignity will be respected and

confidentiality maintained for all who seek and/or are provided charitable services.

5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s) and Federal and State programs, including Health Safety Net (HSN).
6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Every effort will be made to collect the required family income information in conjunction with any Mass Health and/or HSN applications. By signing the application, persons authorize HCHC access in confirming income as disclosed on the application form. Providing false information may result in the Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable under the HCHC Credit and Collection Policy.
7. **Eligibility:** Sliding Fee Discounts will be based on income and family size only. HCHC uses the Census Bureau definitions of each.
  - a. Family is defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together and any person who is claimed as a dependent for Federal tax purposes; all such people (including related subfamily members) are considered as members of one family.
  - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as SNAP benefits and housing subsidies) do not count as income.
  - c. Income verification: Applicants must provide one of the following: prior year W-2, prior year federal tax return (1040, etc.), two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business and prior year Federal Form 1040 Schedule C. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
8. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee discount schedule will be applied to any standard charges or any remaining charges after any insurance payment. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (FPG), <http://aspe.hhs.gov/poverty>.

9. **Nominal Fee:** Patients receiving a full discount **will not** be assessed a nominal charge per visit.
10. **Waiving or Reducing Charges:** In certain situations, patients may not be able to pay the discount fee, regardless of the patient income levels. Waiving of charges may only be used in special circumstances and must be approved by HCHC's CEO, CFO, or their designee. Examples of such special circumstances may include, but are not limited to, displacement of current housing due to catastrophic events such as fires or water damage, auto/personal injuries, or as a victim of serious crimes. Any waiving or reduction of charges should be documented in the patient's file along with an explanation.
11. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with HCHC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, HCHC can implement procedures under the HCHC Credit and Collection Policy.
13. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Billing Department Manager's Office.
14. **Policy and procedure review:** Annually, all aspects of the SFDP will be reviewed, including the nominal fee from the perspective of the patient to ensure it does not create a financial barrier to care. The SFDP will be reviewed by the CEO and/or CFO and presented to the Board of Directors for further review and approval. The review process will include a method to obtain feedback from patients. The Sliding Fee Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future budget planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
15. **Referral contracts:** All HCHC referral contracts must include a clause detailing that HCHC patients receive services on a discounted fee equal to or better than the SFDS criteria of the Health Center Program. If the referral provider offers the services discounted on a SFDS with income at or below 250% FPG, as long as health center patients at or below 200% of the FPG

receive a greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule, and patients at or below 100% of the FPG receive no charge or only a nominal charge for the services, the referral arrangement is in compliance.

16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval of Sliding Fee Discount Program will be sought as an integral part of the annual budget.

# HILLTOWN COMMUNITY HEALTH CENTER SLIDING FEE DISCOUNT SCHEDULE

## 2021 FEDERAL INCOME POVERTY GUIDELINES

	Coverable by Federal Grant				
	Resources *				
		125%	150%	175%	200%
	100%	101-125%	126-150%	151-175%	176-200%
	Slide A	Slide B	Slide C	Slide D	Slide E
SIZE OF FAMILY UNIT	Maximum Annual Income Level Sliding Fee Discount Program				
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000
5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320
For each additional person , add	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080
<b>Discount Allowed</b>	100%	80%	60%	40%	20%
<b>Charge to Patient</b>	\$0.00	20%	40%	60%	80%

## Coverable by State Health Safety Net (HSN)\*\*

	HSN Primary & Secondary	HSN Primary & Secondary Partial
	up to 150%	150.1% to 300%
SIZE OF FAMILY UNIT	Maximum Annual Income Level HSN	
1	\$19,320	\$38,640
2	\$26,130	\$52,260
3	\$32,940	\$65,880
4	\$39,750	\$79,500
5	\$46,560	\$93,120
6	\$53,370	\$106,740
7	\$60,180	\$120,360
8	\$66,990	\$133,980
For each additional person , add	\$6,810	\$13,620

### Policy and Procedure:

\* "Sliding Fee Scale" (SFS) is used by the federal Section 330 program to allow for discounts to patients with incomes below or at 200% of the Federal Poverty Level(FPL). **The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG).**

\*\* MA Health Safety Net Office (HSN) for discounts to eligible patients with incomes below or at 300% of the FPL. [per 101 CMR 613.00 (formerly 114.6 CMR 13.00) and 101 CMR 614.00 (formerly 114.6 CMR 14.00)]



<b>Policy Title:</b> Credit and Collection Policy	<b>Policy Number:</b> FIN-01
<b>Department:</b> Administrative	<b>Policy status:</b> Active
<b>Regulatory Reference:</b> MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES 101 CMR 613.00: M.G.L. c. 118E	
<b>Date Published:</b> MAR 2016	
<b>Dates Reviewed:</b> MAR 2019, 2021	
<b>Dates Revised:</b> MAR 2021	

## **POLICY:**

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal document process to maintain accurate credit and collection procedures in accordance with State and Federal regulations and laws.

Questions regarding this policy or any related procedure should be directed to the Chief Financial Officer at 413-238-4116

Approved by:

Name: Eliza B. Lake

Eliza B. Lake

Chief Executive Officer, HCHC

Date: 3/11/2021

Name: M. Lee Manchester

Lee Manchester

President, HCHC Board of Directors

Date: 3/11/2021

## **Procedure:**

### **CREDIT & COLLECTION POLICY**

#### **1. General Filing Requirement 613.08(1) (c)**

**1.1** The Hilltown Community Health Center will electronically file its Credit & Collection Policy with the Health Safety Net (HSN) Office within 90 days of adoption of amendments to this regulation that would require a change in the Credit & Collection Policy; when the health center changes its Credit & Collection Policy; or when requested by the HSN Office .

#### **2. General Definitions 613.02**

**2.1** *Emergency Services – N/A*

**2.2 The Urgent Care Services Definition used to determine allowable Bad Debt under 613.06 is:** Medically necessary services provided in a Hospital or community health center after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent lay person would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing a patient's health in jeopardy; impairment to bodily function; or dysfunction of any bodily organ or part. Urgent care services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health. Urgent care services do not include elective or primary care.

#### **3. General Collection Policies & Procedures 613.08(1)(c)2 and 613.04(6)(c)3**

##### **3.1 Standard Collection Policies and Procedures for patients 613.08(1)(c)2a**

(a) The health center makes reasonable efforts prior to or during treatment to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor. The center's staff provides all first-time patients with a registration form which includes questions on the patient's insurance status, residency status, and financial status, and provides assistance, as needed, to the patient in completing the form.

A patient who states that they are insured will be requested to provide evidence of insurance sufficient to enable the center to bill the insurer. Health center staff ask returning patients, at the time of visit, whether there have been any changes in their income or insurance coverage status. If there has been a change, the new information is recorded in the center's practice management system and the patient advised or assisted to inform MassHealth of the change.

(b) The health center undertakes the following reasonable collection efforts for patients who have not provided complete eligibility documentation, or for whom insurance payment may be available:

- (1) an initial bill is sent to the party responsible for the patient's financial obligations;
- (2) subsequent billings, telephone calls, and any subsequent notification method that constitute a genuine effort to contact the party which is consonant with patient confidentiality are sent;
- (3) efforts to locate the patient or the correct address on mail returned as an incorrect

address are documented, and

- (4) a final notice is sent by certified mail for balances over \$1000, where notices have

not been returned as an incorrect address or as undeliverable.

(c) Cost Sharing Requirements. Health center staff inform patients who are responsible for paying co-payments in accordance with 101 CMR 613.04 (6) (b) and deductibles in accordance with 101 CMR 613.04(6) (c), that they will be responsible for these co-payments.

(d) Low Income Patient Co-Payment Requirements. The health center requests co-payments of \$1 for antihyperglycemic, antihypertensive, and antihyperlipidemic generic prescription and \$3.65 for generic and brand-name drugs from all patients over the age of 18, with the exception of pregnant or postpartum women, up to a maximum pharmacy co-payment of \$250 per year.

(e) Health Safety Net - Partial Deductibles/Sliding Fees: For Health Safety Net - Partial Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL, the health center determines their deductible (40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBFG) and 200% of the FPL). If any member of the PBFG has an FPL below 150.1 % there is no deductible for any member of the PBFG. The Patient is responsible for 20% of the HSN payment for all services, with the exception of pharmacy services, provided up to this Deductible amount. Once the Patient has incurred the Deductible, the patient is no longer required to pay 20% of the payment. Only one Deductible is allowed per PBFG approval period.

### **3.2 Policies & Procedures for Collection Financial Information from patients**

#### ***613.08(1)(c)2b***

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

(a) Determination Notice. The Office of Medicaid or the Commonwealth Health Insurance Connector will notify the individual of his or her eligibility determination for MassHealth, Commonwealth Care, or Low Income Patient status.

(b) The Division's Electronic Free Care Application issued under 101 CMR 613.04(2)(b)(3) may be used for the following special application types:

a. Minors receiving Services may apply to be determined a Low Income Patient using their own income information and using the Division's Electronic Free Care Application. If a minor is determined to be a Low Income Patient, the health center will submit claims for confidential Services when no other source of funding is available to pay for the services confidentially. For all other services, minors are subject to the standard Low Income Patient Determination process.

#### ***613.04(3)a***

b. An individual seeking eligible services who has been battered or abused, or who has a reasonable fear of abuse or continued abuse, may apply for Low Income Patient status using his or her own income information. Said individual is not required to report his or her primary address. *613.04(3)b*

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

complete Application, or b. The date of the determination notice described in 101 CMR 613.04(2)(a) related to the individual's Application. *613.04 (4)*

### **3.3     *Emergency Care Classification - NA***

### **3.4     Policy for Deposits and Payment Plans *613.08(1)(c)2d***

The health center's billing department provides and monitors Deposits and Payment Plans as described in **Section 5** of this policy for qualified patients as described in 101 CMR 613.08. Each payment plan must be authorized by the Billing Manager or the Chief Financial Officer.

### **3.5     Copies of Billing Invoices and Notices of Assistance *613.08(1)(c)2e***

(a) Billing Invoices: The following language is used in billing statements sent to low income patients: "If you are unable to pay this bill, please call 413-238-5511. Financial assistance is available."

(b) Notices: The Health center provides all applicants with notices of the availability of financial assistance programs, including MassHealth, subsidized Health Connector Programs, HSN and Medical Hardship, for coverage of services exclusive of personal convenience items or services, which may not be paid in full by third party coverage. The center also includes a notice about Eligible Services and programs of public assistance to Low Income Patients in its initial invoices, and in all written Collection Actions. All applicants will be provided with individual notice of approval for Health Safety Net or denial of Health Safety Net once this has been determined. The following language is used on billing statements sent to low income patients: "If you are unable to pay this bill, please call 413-238-5511. Financial assistance is available." The Health center will notify the patient that the Provider offers a payment plan if the patient is determined to be a Low Income Patient or qualifies for Medical Hardship.

(c) Signs: The Health center posts signs in the clinic and registration areas and in business office areas that are customarily used by patients that conspicuously inform patients of the availability of financial assistance and programs of public assistance and the offices of Health center Navigators at which to apply for such programs. Signs will be large enough to be clearly visible and legible by patients visiting these areas. All signs and notices will in English and any other language that is used by 10 or more of the residents in the service area.

### **3.6     Discount/Charity Programs for the Uninsured *613.08(1)(c)2f***

The health center offers a Sliding Fee Discount Program (SFDP) to patients.. For these patients, the health center offers full discount to patients under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 100% and 200% of the FPIG. The Sliding Fee Discount Schedule applies to standard charges and to amounts left unpaid by insurances in compliance with the Federal Health and Resources and Services Administration (HRSA) PIN 2014-02.

#### **Sliding Fee Discount Schedule**

### 2021 FEDERAL INCOME POVERTY GUIDELINES

	Coverable by Federal Grant Resources *				
		125%	150%	175%	200%
	100% Slide A	101-125% Slide B	126-150% Slide C	151-175% Slide D	176-200% Slide E
SIZE OF FAMILY UNIT	Maximum Annual Income Level Sliding Fee Discount Program				
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000
5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320
For each additional person , add	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080
<b>Discount Allowed</b>	100%	80%	60%	40%	20%
<b>Charge to Patient</b>	\$0.00	20%	40%	60%	80%

**Coverable by State Health Safety Net (HSN)\*\***

	<b>HSN Primary &amp; Secondary</b>	<b>HSN Primary &amp; Secondary Partial</b>
	up to 150%	150.1% to 300%
<b>SIZE OF FAMILY UNIT</b>	<b>Maximum Annual Income Level HSN</b>	
1	\$19,320	\$38,640
2	\$26,130	\$52,260
3	\$32,940	\$65,880
4	\$39,750	\$79,500
5	\$46,560	\$93,120
6	\$53,370	\$106,740
7	\$60,180	\$120,360
8	\$66,990	\$133,980
For each additional person , add	\$6,810	\$13,620

**Policy and Procedure:**

\* "Sliding Fee Scale" (SFS) is used by the federal Section 330 program to allow for discounts to patients with incomes below or at 200% of the Federal Poverty Level(FPL). The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG).

\*\* MA Health Safety Net Office (HSN) for discounts to eligible patients with incomes below or at 300% of the FPL. [per 101 CMR 613.00 (formerly 114.6 CMR 13.00) and 101 CMR 614.00 (formerly 114.6 CMR 14.00)]

3.7 *Hospital deductible payment option at HLHC – NA*

3.8 *Full or 20% Deductible Payment Option for all Partial HSN Payments at HLCH Satellite or Student Health Center – NA*

**3.9 Community Health Center (CHC) charge of 20% of deductible per visit to all partial HSN patients 613.04(6)(c)5a**

The health center charges HSN-Partial Low Income Patients 20% of the HSN payment for each visit, to be applied to the amount of the Patient's annual Deductible until the patient meets the Deductible.

**3.10 Direct Website(s) (or URL(s)) where the provider's Credit & Collection Policy, Provider Affiliate List (if applicable) and other financial assistance Policies are posted.**

Credit & Collection Policy <https://www.hchcweb.org/for-patients/established-patients/pay-your-bill/>

Insurance Affiliation List <https://www.hchcweb.org/for-patients/insurance-information/>

Sliding Fee Scale Policy <https://www.hchcweb.org/for-patients/insurance-information/>

**3.11 Provider Affiliate List effective the first day of the acute hospital's fiscal year beginning after December 31, 2016 - NA**

**4. Collection of Financial Information 613.06(1)(a)**

**4.1 Inpatient, Emergency, Outpatient & CHC Services: 613.06(1)(a)1** The Health center makes reasonable efforts, as soon as reasonably possible, to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor.

**4.2 Inpatient Verification - NA**

**4.3 Outpatient/CHC Financial Verification 613.06(1)(a)2b**

The Health center makes reasonable efforts to verify patient-supplied information at the time the patient receives the services. The verification of patient-supplied information may occur at the time the patient receives the services or during the collection process as defined below:

1. Verification of gross monthly-earned income is mandatory. When possible this is done through electronic data matching using the eligibility procedures and requirements under 130 CMR 502 or 516. If the information received is not compatible or is unavailable, the following are required:
  - a. Two recent pay stubs;
  - b. A signed statement from the employer; or
  - c. The most recent U.S. tax return.
2. Verification of gross monthly-unearned income is mandatory and shall include, but not be limited to, the following:
  - a. A copy of a recent check or pay stub showing gross income from the source;
  - b. A statement from the income source, where matching is not available;
  - c. The most recent U.S. Tax Return.
3. Verification of gross monthly income may also include any other reliable evidence of the applicant's earned or unearned income.

**5. Deposits and Payment Plans 613.08(1)(f)**

**5.1** The health center does not require pre-treatment deposits from Low Income patients. 613.08(1)(g)1

**5.2** Deposit Requests for Low Income Patients: The Health center does not require a deposit from individuals determined to be Low Income Patients 613.08(1)(g)2

**5.3** Deposit Requirement for Medical Hardship Patients: The Health center does not require a deposit from patients eligible for Medical Hardship. 613.08(1)(g)3

5.4 Interest Free Payment Plans on Balances less than, and greater than, \$1000. A Patient with a balance of \$1,000 or less, after initial deposit, must be offered at least a one-year, interest-free payment plan with a minimum monthly payment of no more than \$25. A Patient with a balance of more than \$1,000, after initial deposit, must be offered at least a two-year, interest-free payment plan. . 613.08(1)(g)4

**6. Populations Exempt from Collection Action 613.08(3)& 613.05(2)**

6.1 MassHealth, Emergency Aid to the Elderly, Disabled, and Children EAEDC enrollees: The health center does not bill patients enrolled in MassHealth, patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program, except that the health center may bill patients for any required co-payments and deductibles. The Health center may initiate billing for a patient who alleges that he or she is a participant in any of these programs but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in any of the above listed programs, and receipt of the signed application, the Health center will cease its collection activities. 613.08(3)(a)

6.2 Participants in Children's Medical Security Plan (CMSP) with Modified Adjusted Gross Income (MAGI) under 300% FPL: are also exempt from Collection Action. The Health center may initiate billing for a patient who alleges that he or she is a participant in the Children's Medical Security Plan, but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in the Children's Medical Security Plan, the Health center will cease all collection activities. 613.08(3)(b)

6.3 Low Income Patients except Dental-only Low Income Patients. Low Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income equal or less than 150.1% of the FPL, are exempt from Collection Action for any Eligible Services rendered by the Health center during the period for which they have been determined Low Income Patients, except for co-payments and deductibles. The Health center may continue to bill Low Income Patients for Eligible Services rendered prior to their determination as Low Income Patients, after their Low Income Patient status has expired or otherwise been terminated. 613.08(3)(c)

6.4 Low Income Patients with HSN Partial Low Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 200.1% and 300.1% of the FPL are exempt from Collection Action for the portion of their bill that exceeds the Deductible and may be billed for co-payments and deductibles as set forth in 101 CMR 13.04(6)(b) and (c). The Health center may continue to bill Low Income Patients for services rendered prior to their determination as Low Income Patients, after their Low Income Patient status has expired or otherwise been terminated. 613.08(3)(d)

6.5 Low Income Patient Consent to billing for non-reimbursable services: The Health center may bill Low Income Patients for services other than Eligible Services provided at the request of the patient and for which the patient has agreed in writing to be responsible. 613.08(3)(e)

6.6 Low Income Patient Consent Exclusion for Medical Errors, including Serious Reportable Events (SRE)

The health center will not bill low income patients for claims related to medical errors occurring on the health center's premises. 613.08(3)(e)1

6.7 Low Income Patient Consent Exclusion for Administrative or Billing Errors The health center will not bill Low Income Patients for claims denied by the patient's primary insurer due to an administrative or billing error. *613.08(3)(e)2*

6.8 Low income Patient Consent for CommonHealth one-time deductible billing. At the request of the patient, the health center may bill a low-income patient in order to allow the patient to meet the required CommonHealth one-time deductible as described in 130 CMR 506.009. *613.08(3)(f)*

6.9 Medical Hardship Patient & Emergency Bad Debt Eligible for Medical Hardship: The Health center will not undertake a Collection Action against an individual who has qualified for Medical Hardship with respect to the amount of the bill that exceeds the Medical Hardship contribution. *613.08(3)(g)*.

6.10 Provider Fails to Timely Submit Medical Hardship Application

The health center will not undertake a collection action against any individual who has qualified for Medical Hardship with respect to any bills that would have been eligible for HSN payment in the event that the health center has not submitted the patient's Medical Hardship documentation within 5 days. *613.05(2)*.

## **7. Minimum Collection Action on Hospital Emergency Bad Debt & CHC Bad Debt** *613.06(1)(2)(3) and (4)*

The Health center makes the same effort to collect accounts for Uninsured Patients as it does to collect accounts from any other patient classifications. Any collection agency used by the health center is required to conform to the above policies.

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

7.1 Initial Bill: The health center sends an initial bill to the patient or to the party responsible for the patient's personal financial obligations. *613.06(1)(a)3bi*

7.2 Collection action subsequent to Initial Bill: The health center will use subsequent bills, phone calls, collection letters, personal contact notices, and any other notification methods that constitute a genuine effort to contact the party responsible for the bill.  
*613.06(1)(a)3bii*

7.3 Documentation of alternative collection action efforts: The health center will document alternative efforts to locate the party responsible or the correct address on any bills returned by the USPS as "incorrect address" or "undeliverable." *613.06(1)(a)3biii*

7.4 Final Notice by Certified Mail: The health center will send a final notice by certified mail for balances over \$1,000 where notices have not been returned as "incorrect address" or "undeliverable" *613.06(1)(a)3biv*

7.5 Continuous Collection Action with no gap exceeding 120 days: The health center will document that the required collection action has been undertaken on a regular basis and to the extent possible, does not allow a gap in this action greater than 120 days. If, after reasonable attempts to collect a bill, the debt for an Uninsured Patient remains unpaid for more than 120 days, the health center may deem the bill to be uncollectible and bill it to the Health Safety Net Office.  
*613.06(1)(a)3bv*

7.6 *Collection Action File* The health center maintains a patient file which includes documentation of the collection effort including copies of the bill(s), follow-up letters, reports of telephone and personal contact, and any other effort made. *613.06(1)(a)3d*

*7.7 Emergency Bad Debt Claim and EVS Check – NA*

*7.8 HLHC Bad Debt Claim and EVS Check – NA*

*7.9 CHC Bad Debt Claim and EVS Check.* The health center may submit a claim for Urgent Care Bad Debt for Urgent Care Services if:

(a) The services were provided to:

1. An uninsured individual who is not a Low Income Patient. The health center will not submit a claim for a deductible or the coinsurance portion of a claim for which an insured patient is responsible. The health center will not submit a claim unless it has checked the REVS system to determine if the patient has filed an application for MassHealth; or

2. An uninsured individual whom the health center assists in completing a MassHealth application and who is subsequently determined into a category exempt from collection action. In this case, the above collection actions will not be required in order to file.

(b) The Health center provided Urgent Services as defined in 101 CMR 613.02 to the patient. The Health center may submit a claim for all Eligible Services provided during the Urgent Care visit, including ancillary services provided on site.

(c) The responsible provider determined that the patient required Urgent Services. The health center will submit a claim only for urgent care services provided during the visit.

(d) The Health center undertook the required Collection Action as defined in 101 CMR 613.06(1)(a) and submitted the information required in 101 CMR 613.06(1)(b) for the account; and

(e) The bill remains unpaid after a period of 120 days. 613-06(4)

## **8. Available Third Party Resources 613.03(1)(c)3**

8.1 Diligent efforts to identify & obtain payment from all liable parties: The health center will make diligent efforts to identify and obtain payment from all liable parties. *613.03(1)(c)3*

8.2 Determining the existence of insurance, including when applicable motor vehicle liability:

In the event that a patient seeks care for an injury, the health center will inquire as to whether the injury was the result of a motor vehicle accident; and if so, whether the patient or the owner of the other motor vehicle had a liability policy. The health center will retain evidence of efforts to obtain third policy payer information. *613.03(1)(c)3a*

8.3 Verification of patient's other health insurance coverage: At the time of application, and when presenting for visits, patients will be asked whether they have private insurance. The health center will verify, through EVS, or any other health

insurance resource available to the health center, on each date of service and at the time of billing. *613.03(1)(c)3b*

8.4 Submission of claims to all insurers: In the event that a patient has identified that they have private insurance, the health center will make reasonable efforts to obtain sufficient information to file claims with that insurer; and file such claims. *613.03(1)(c)3c*

8.5 Compliance with insurer's billing and authorization requirements: The health center will comply with the insurer's billing and authorization requirements. *613.03(1)(c)3d*

8.6 Appeal of denied claim. The health center will appeal denied claims when the stated purpose of the denial does not appear to support the denial. *613.03(1)(c)3e*

8.7 Return of HSN payments upon availability of 3<sup>rd</sup>-party resource: For motor vehicle accidents and all other recoveries on claims previously billed to the Health Safety Net, the health center will promptly report the recovery to the HSN. *613.03(1)(c)3f*

**9. Serious Reportable Events (SRE) 613.03(1)(d)**

9.1 Billing & collection for services provided as a result of SRE: The health center will not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 130.332 for services provided as a result of a SRE occurring on premises covered by a provider's license, if the provider determines that the SRE was: a. Preventable; b. Within the provider's control; and c. Unambiguously the result of a system failure as required by 105 CMR 130.332 (B) and (c). *613.03(1)(d)1*

9.2 Billing & collection for services that cause or remedy SRE: The health center will not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 120.332 for services directly related to: a. The occurrence of the SRE; b. The correction or remediation of the event; or c. Subsequent complications arising from the event as determined by the Health Safety Net office on a case-by-case basis. *613.03(1)(d)2*

9.3 Billing and collection by provider not associated with SRE for SRE-related services: The health center will submit claims for services it provides that result from an SRE that did not occur on its premises *613.03(1)(d)3*

9.4 Billing & collection for readmission or follow-up on SRE associated with provider: Follow-up Care provided by the health center is not billable if the services are associated with the SRE as described above. *613.03(1)(d)4*

**10. Provider responsibilities 613.08(1)(a)(b) & (h)**

10.1 Non-discrimination: The health center shall not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability, in its policies, or in its application of policies, concerning the acquisition and verification of financial information, pre-admission or pretreatment deposits, payment plans, deferred or rejected admissions, or Low Income Patient status. *613.08(1)(a)*

10.2 Board Approval Before seeking legal execution against patient home or motor vehicle. Before seeking legal execution against a low-income patient's home or motor vehicle, the health center requires its Board of Directors to approve such action on an individual basis. *613.08(1)(b)*

10.3 Advise patient on TPL duties and responsibilities: The health center will advise patients of the responsibilities described in 101 CMR 613.08(2) at the time of application and at subsequent visits. *613.08(1)(h)*

**11. Patient Rights and Responsibilities 613.08(1)(2)**

11.1 Provider Responsibility to advise patient on right to apply for MassHealth, Health Connector Programs, HSN, and Medical Hardship: The health center informs all patients of their right to apply for MassHealth, Health Connector Programs, HSN, and Medical Hardship. *613.08(2)(a)1*

11.2 Provider responsibility to provide individual notice of eligible services and programs of public assistance during the patient's initial registration with the provider. The health center informs all Low Income Patients and patients determined eligible for Medical Hardship of their right to a payment plan as described in 101 CMR 613.08(1)(f). *613.08(1)(e)2a [change*

11.3 Provider responsibility to provide individual notice of eligible services and programs of public assistance when a provider becomes aware of a change in the patient's eligibility for

health insurance coverage: The health center provides patients with individual notices of eligible services and programs of public assistance when we become aware of a change in the patient's eligibility for health insurance coverage. *613.08(1)(e)2c*

11.4 Provider responsibility to advise patient of the right to a payment plan: The health center advises patients of their right to an payment plan. *613.08(2)(a)2*

11.5 Provider responsibility to advise patient on duty to provide all required documentation: The health center advises patients of their duty to provide all required documentation.

*613.08(2)(b)1*

11.6 Provider responsibility to advise patient of duty to inform of change in eligibility status and available third party liability (TPL): The health center informs all patients that they have a responsibility to inform the health center and/or MassHealth when there has been a change in their MassHealth MAGI Household income or Medical Hardship Family Countable Income as described in 101 CMR 613.04(1), insurance coverage, insurance recoveries, and/or TPL status.

*613.08(2)(b)2*

11.7 *Provider responsibility to advise patient on duty to track patient deductible:* At the time of application, Low Income Partial patients are advised that it is their responsibility to track expenses toward their deductible and provide documentation to the health center that the deductible has been reached when more than one family member has been determined to be a Low Income Patient or if the patient or family members receive Eligible Services from more than one provider. *613.08(2)(b)3*

11.8 Provider responsibility to inform the HSN Office or MassHealth of a TPL claim/lawsuit: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center advises the patient of his/her duty to inform the HSN Office or MassHealth of a TPL claim/lawsuit as well as to: *613.08(2)(b)4*

11.9 Provider responsibility to advise patient on duty to file TPL claims on accident, injury of loss: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center advises the patient of his/her duty to file TPL claims. *613.08(2)(b)4a.*

11.10 Provider responsibility to inform patient on Assigning the right to recover HSN payments from TPL claim proceeds: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center informs the patient that they are required to assign the right to recover HSN payments from the TPL proceeds. *613.08(2)(b)4bi*

11.11 Provider responsibility to inform patient to provide TPL claim or legal proceedings information: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center informs the patient that they are required to provide TPL claims or legal proceedings information. *613.08(2)(b)4bii*

11.12 Provider responsibility advise patient to notify HSN/MassHealth within 10 days of filing a TPL claim/lawsuit: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center advises the patient that they are responsible to notify HSN/MassHealth of it within 10 days. *613.08(2)(b)4biii*

11.13 Provider responsibility to advise patient of duty to repay the HSN for applicable services from TPL Proceeds: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center advises the patient that they are responsible for repaying the HSN for applicable services from TPL proceeds. 613.08(2)(b)4biv

11.14 Provider responsibility to provide individual notice of financial assistance during the patient's initial registration with the provider: The health center provides individual notice of financial assistance during the patient's initial registration. 613.08(1)(e)1a

11.15 Provider's responsibility to provide individual notice of financial assistance when the provider becomes aware of a change in a patient's eligibility or health insurance coverage: The health center provides individual notice of financial assistance when the provider becomes aware of a change in a patient's eligibility or health insurance coverage. 613.08(1)(e)1c

11.16 Provider responsibility to advise patient of HSN limit on recovery of TPL claim proceeds: In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center advises the patient that recovery from TPL payments is limited to the HSN expenditures for eligible services. 613.08(2)(c)

## **12. Signs 613.08(1)(f)**

12.1 Location of the signs. The Health center has posted signs in the clinic and registration areas and in business office areas that are customarily used by patients that conspicuously inform patients of the availability of financial assistance programs and the health center location at which to apply for such programs. 613.08(1)(f)1

12.2 Size of the Signs: The signs are large enough to be clearly visible and legible by patients visiting these areas. 613.08(1)(f)1

12.3 Multi-lingual signs when applicable: All signs and notices have been translated into the languages spoken by 10% or more of the residents in our health center's service area. These are: English. 613.08(1)(f)1

12.4 Wording in Signs: The health center signs notify patients of the availability of financial assistance and of programs of financial assistance. 613.08(1)(f)1

12.5 Providers must make their Credit & Collection Policy and provider affiliate list, if applicable, available on the provider's website. 613.08(1)(f)2

<https://www.hchcweb.org/>

## **13. Sample Documents & Notices on Availability of Assistance 613.08(1)(e) & (f)**

13.1 Sample of Assistance Notice on Billing Invoice Attached (*Attachment 1*) 613.08(1)(e)1b

13.2 Sample of Eligible Services and programs of assistance – notice on billing invoice.– Attached (*Attachment 2*) 613.08(1)(e)2b

13.3 Sample of Assistance notice in collection actions (billing invoices) – Attached (*Attachment 3*) 613.08 (1)(e)3

13.4 Sample of Payment plan notice to Low Income or Medical Hardship patients – Attached (*Attachment 4*) 613.08(1)(e)4

13.5 Sample of Posted Signs –attached (*Attachment 5*) 613.08(1)(f)