

## HOULTON REGIONAL HOSPITAL

Policy Title: Financial Assistance Policy

Updated: April 2018

Purpose: To ensure that (i) no Houlton Regional Hospital (HRH) patient is denied emergency medical care and medically necessary inpatient and outpatient hospital services based on the inability of a patient to pay for such services, (ii) HRH complies with the requirements of Maine's Charity Care Guidelines Statute, 22 M.R.S.A. §1716, and Maine Department of Health and Human Services' "Free Care Guidelines," 10-144 C.M.R. Chapter 150, and (iii) HRH complies with the requirements of Maine's Statute on "Access Requirements Applicable to Certain Health Care Providers," 22 M.R.S.A. §1715.

Policy: It is the policy of HRH not to deny services to any Maine resident solely because of the inability of the individual to pay for such services, and to provide free or discounted care to such persons, if HRH has determined that such person is unable to pay for the services taking into account other sources of payment for care in accordance with the Procedure and Income Guidelines set forth below.

Procedure:

A. Definitions:

1. Free Care: Services covered by this Policy (described in Section D below) provided by HRH without the expectation of payment from, or on behalf of, the individual receiving the hospital services.
2. Family: A family is a group of two or more persons related by birth, marriage or adoption who reside together and among whom there are legal responsibilities for support; all such related persons are considered as one family. (If a household includes more than one family and/or more than one unrelated individual, the Income Guidelines are applied separately to each family and/or unrelated individual, and not to the household as a whole.)
3. Family Unit of Size One: In conjunction with the Income Guidelines, a family unit of size one is an unrelated individual, that is, a person at least 15 years old who is not living with any relatives. An unrelated individual may be the sole occupant of a housing unit, or may be residing in a housing unit (or in group quarters such as a rooming house) in which one or more persons also reside who are not related to the individual in question by birth, marriage, or adoption.
4. Amount Generally Billed (AGB): HRH will not charge an assistance eligible individual more than what a Medicare covered patient would be billed for the same service. This is the amount that would be billed after all discounts and payments are processed on the account.

5. **Income**: Income means total annual cash receipts before taxes from all sources except as provided in subparagraph (b) below.

(a) Income **includes**:

- (i) Money wages and salaries before any deductions;
- (ii) Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses);
- (iii) Regular payments from social security, railroad retirement, unemployment compensation, workers' compensation, strike benefits from union funds, veterans' benefits;
- (iv) Public assistance including Temporary Assistance to Needy Families, Supplemental Security Income, and General Assistance money payments;
- (v) Training stipends;
- (vi) Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
- (vii) Private pensions, government employee pensions, and regular insurance or annuity payments;
- (viii) Dividends, interest, rents, royalties, or periodic receipts from estates or trusts; and
- (ix) Net gambling or lottery winnings.

(b) Income **does not include** the following:

- (i) Capital gains;
- (ii) Any liquid assets, including withdrawals from a bank or proceeds from the sale of property;
- (iii) Tax refunds;
- (iv) Gifts, loans, and lump-sum inheritances;
- (v) One-time insurance payment or other one-time compensation for injury (although one-time insurance payments are excluded from income, one-time insurance payments made for coverage of hospital services would limit the availability of free care to bills not covered by such payments under Section F(2)(a)(i)(2) of this Procedure);

- (vi) Non-cash benefits such as the employer-paid or union paid portion of health insurance or other employee fringe benefits;
- (vii) The value of food and fuel produced and consumed on farms and the imputed value of rent from owner occupied non-farm or farm housing; and
- (viii) Federal non-cash benefit programs, including Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.

6. **Resident of Maine:** An individual living in Maine voluntarily with the intention of making a home in Maine. An individual who is visiting or is in Maine temporarily is not a resident.

B. **Inability to Pay:** A person is unable to pay for hospital services when the family income of that person, as calculated by either of the following methods is not more than the applicable Income Guidelines referenced in Section C of this Procedure (if one method does not apply, the other must be applied before determination of ineligibility is made):

1. Multiplying by four (4) the person's family income for the three (3) months preceding the determination of eligibility; or
2. Using the person's actual family income for the twelve (12) months preceding the determination of eligibility.

C. **Income Guidelines:** The Maine Department of Health and Human Services establishes its income eligibility guidelines for free care based on one hundred and fifty percent (150%) of the Federal Poverty Level Guidelines (FPLs). HRH uses this level for services provided in the hospital and our hospital-based outpatient clinics. The FPLs are also employed in establishing financial eligibility criteria for the Hill-Burton Uncompensated Services Program. The FPLs are issued annually by the U.S. Department of Health and Human Services. Each year's FPLs are available online at <http://aspe.hhs.gov/poverty>. An individual can also obtain a copy of the current FPLs by contacting the individual's local Department of Health and Human Services office by calling 1-800-321-5557, ext. 79368, or 1-207-287-9368, or by writing to:

Office of Maine Care Services  
Division of Policy  
11 State House Station  
Augusta, Maine 04333-0011

For services rendered in our Rural Health Clinics, we provide financial assistance on a sliding scale to patients with incomes that range from 150%-210% of the FPL. The discounts provided will then range from 20%-100% of the amount generally billed. The incomes for this sliding scale are referenced in Attachment B to this policy.

D. **Services Covered/Eligible for Free Care:**

1. Free or discounted care is available to eligible patients determined by HRH to be unable to pay under this Policy for the following services:

- (a) Medically necessary inpatient hospital services.
  - (b) Medically necessary outpatient hospital services.
2. The above medically necessary inpatient and outpatient services include medically necessary:
- (a) Imaging services, including but not limited to magnetic resonance imaging, computerized tomography, mammography and radiology (imaging services do not include screening procedures that are not related to the diagnosis or treatment of a specific condition);
  - (b) Laboratory services;
  - (c) Cardiac diagnostic services, including but not limited to cardiac catheterization and angiography (but excluding electrocardiograms and electrocardiograph stress testing);
  - (d) Lithotripsy services; and
  - (e) Any other service performed in an outpatient setting requiring use of purchased medical equipment costing in the aggregate \$500,000 or more and for which the charge per unit of service is \$250 or more.
3. The hospital does contract with physicians or health care providers that do their own billing for services. These providers may not follow the same financial assistance guidelines. A listing of our providers can be obtained by going to our website ([www.houltonregional.org](http://www.houltonregional.org)) or requesting a copy from our Cashier's Office.

**E. Notice of Availability of Free or Discounted Care:**

1. **Posted Notice:** HRH will post notices of the availability of free care (**Attachments A and B**) in locations within the hospital where members of the public generally transact business with HRH or present themselves to receive or request hospital services, including:
- (a) Registration areas;
  - (b) Waiting rooms;
  - (c) Cashier's office;
  - (d) Outpatient reception areas; and
  - (e) On our website at [www.houltonregional.org](http://www.houltonregional.org). This version does not require special software to view the policy and a printed copy will be provided free of charge during regular business hours.
2. **Individual Notice:**

- (a) Inpatients: HRH will provide individual written notice of the availability of free care to each inpatient upon admission or, in the case of emergency admission, before discharge.
  - (b) Outpatients: HRH will either accompany the outpatient's bill with a copy of an individual notice of the availability of free care or will provide a copy of the individual notice at the time service is provided.
3. Content of Notice: The notice of availability of assistance posted and provided to individuals under this Section E is attached to this Policy as **Attachments A and B**, and will contain the content included on **Attachments A and B**, updated to reflect the FPL numbers for the then-current year.
4. Supplementation of Notice: If HRH elects to provide additional free care that would not be required to be provided under Maine law, HRH will supplement the notice of availability of free care required by this Section E with information about the availability of additional free or discounted care.
5. Communication of Notice to Persons with Limited English Proficiency or Disabilities: HRH will make reasonable efforts to communicate the contents of the written notice of availability of free care to persons it has reason to believe cannot read the notice, in accordance with the requirements of HRH's ACA Nondiscrimination Policy and Grievance Procedure.

F. Determination of Eligibility for Free or Discounted Care:

1. Application:

- (a) HRH will provide an opportunity for each person seeking free care to make application on forms provided by HRH.
- (b) HRH may require an applicant to furnish any information that is reasonably necessary to substantiate the applicant's income or the fact that the individual is not covered by insurance or eligible for coverage by state or federal programs of medical assistance.

2. Determination of Eligibility for Free Care:

(a) Basis for Determination of Eligibility:

- (i) Upon receipt of an application, HRH will determine that an individual seeking free care qualifies for such care if:
  - (1) The individual meets the Income Guidelines referenced in Section C of this Procedure;
  - (2) The individual is not covered by any insurance nor eligible for coverage by state or federal programs of medical assistance; and

- (3) Services received were medically necessary.
- (ii) If HRH determines that the individual seeking free care meets the Income Guidelines referenced in Section C of this Procedure but is covered by insurance or by state or federal programs of medical assistance, HRH will determine that any amount remaining due after payment by the insurer or medical assistance program will be considered free care.
- (b) Duration of Eligibility for Outpatient Services: HRH allows the determination of eligibility for outpatient free care services to remain valid for four (4) months following the date of determination, unless HRH has reason to believe that the patient's income or family size has changed. HRH may require an outpatient to reapply after the expiration of the four (4) month period if the patient requests free care.
- (c) Duration of Eligibility for Inpatient Services: A determination of eligibility for inpatient free care services will be made by HRH with each admission.
- (d) Content of Favorable Determination: If HRH determines that an applicant qualifies for free care under this Policy, HRH shall notify the applicant of its determination of eligibility:
  - (i) That HRH will provide care at no charge for hospital services or indicate the level of sliding scale the patient qualified for on in the RHCs;
  - (ii) The date on which the services were requested;
  - (iii) The date on which the determination of eligibility was made; and
  - (iv) The date on which services were or will be first provided to the applicant.
- 3. Determination of Ineligibility for Free Care and Reasons for Denial: HRH will provide each applicant who requests free care and is denied it, in whole or in part, a written and dated statement of the reasons for the denial when the denial is made. When the reason for denial is failure to provide required information during a period of deferral under Section F(4) of this Procedure, the applicant will be informed that she or he may reapply for free care if the required information can be furnished. Additionally, the notice of denial will (i) state that the patient has a right to a hearing, (ii) inform the patient about how to obtain a hearing, and (iii) the name and telephone number of the person who should be contacted, should the provider/patient have questions regarding the notice.
- 4. Deferral of Determination:
  - (a) Deferral Period: Under the conditions described in Section F(4)(b) and Section F(4)(c) of this Procedure, a determination of eligibility for free care may be deferred by HRH up to sixty (60) days, for the purpose of requiring the applicant to obtain the present evidence of ineligibility for medical assistance programs or to verify that the services in question are not covered by insurance.

- (b) **Bases for Deferral:** If an applicant for free care, who meets the Income Guidelines in Section C of this Procedure and who is not covered under any state or federal program of medical assistance, meets any of the following criteria, eligibility for free care will be deferred by HRH:
- (i) Age 65 or over;
  - (ii) Blind;
  - (iii) Disabled;
  - (iv) An individual is a member of a family in which a child is deprived of parental support or care due to one of the following causes, and the individual's income is less than the Income Guidelines in Section C of this Procedure:
    - (1) Death of a parent;
    - (2) Continued absence of the parent(s) from the home due to incarceration in a penal institute, confinement in a general, chronic or specialized medical institution, deportation to a foreign country, divorce, desertion or mutual separation of parents, or unwed parenthood;
    - (3) Disability of a parent; or
    - (4) Unemployment of a parent who is the principal wage earner;
- (c) **Other Basis for Deferral:** If an individual does not meet any of the criteria specified in Section F(4)(b)(i)-(iv) above, but HRH is unable to determine the coverage of the individual and has a reasonable basis for believing that the individual may be covered by insurance or eligible for federal or state medical assistance programs, HRH may defer the determination concerning free care.
- (d) **Notice of Deferral Decision:** When an application for free care is deferred under Section F(4)(b) or Section F(4)(c) of this Procedure, HRH will notify the applicant as follows:

A free care determination has not yet been made and is being deferred pending your response to this notice. Houlton Regional Hospital has reason to believe that you may be eligible for coverage by one or more state or federal medical assistance programs, namely, [state name of state or federal medical assistance program]. If you can show that you are not eligible for coverage by such program(s) within 60 days of the date of this notice by obtaining and providing to Houlton Regional Hospital a letter or other statement from [name(s) of state or federal medical assistance program(s)], then you will be considered qualified for free care. Even if you are eligible for coverage, free care will be available

for any portions of the bills that medical assistance programs (or any insurance that you have) will not pay.

**G. Notice of Opportunity for a Fair Hearing:**

1. An applicant for free care has the right to request a fair hearing from the Maine Department of Health and Human Services regarding their eligibility for free care if:
  - (a) The applicant's application for free care has been denied by HRH;
  - (b) The applicant's application for free care has not been acted upon with reasonable promptness by HRH; or
  - (c) The applicant believes that HRH has taken an action erroneously.
2. If a patient makes a request for a fair hearing regarding their eligibility for free care to HRH, HRH will provide the patient with the information about the administrative hearing process, including the process for requesting an administrative hearing, described in **Attachment C** of this Policy.
3. In the event that an administrative hearing decision is favorable to the applicant, or the Maine Department of Health and Human Services decides in the applicant's favor before the administrative hearing is held, HRH will promptly take appropriate corrective action in compliance with the decision retroactive to the date the incorrect action was determined to have been taken by HRH, subject to any rights of appeal HRH may have under applicable Maine law.

**H. Billing:**

1. If an individual has been determined by HRH to be eligible for free care under Section F(2)(a)(i) of this Procedure, HRH will not bill the individual more than the Amount Generally Billed (AGB) for the services provided that are covered by this Policy.
2. If an individual has been determined by HRH to be eligible for free care under Section F(2)(a)(ii) of this Procedure, HRH will not bill the individual more than the AGB for any amount not paid by an insurer or medical assistance program.
3. If an individual's application for free care has been deferred under Section F(4) of this Procedure, HRH may bill the individual for services during the period of deferral.
4. If an individual has been determined eligible for free care under Section F(2)(a) of this Procedure, or if the determination covering free care has been deferred under Section F(4) of this Procedure, then HRH will not bill any municipality under the general assistance program for hospital care provided to that individual.



**I. Reporting and Record-Keeping:**

1. HRH will maintain records of the amount of free care provided to patients under this Policy, and the number of patients to whom it was provided. If HRH provides additional free care that is not required to be provided under this Policy or Maine law, HRH will maintain separate records of the amount of such care provided and the number of patients to whom it was provided.
2. HRH will report to the Maine Department of Health and Human Services as part of its filing of information for purposes of final reconciliation:
  - (a) A summary of the amount of free care that was provided in the applicable payment year in accordance with the requirements of this Policy;
  - (b) The amount of additional free care provided in that year that was not required to be provided under this Policy and Maine law; and
  - (c) The number of individuals to whom each type of free care (required and not required) was provided.

**J. Filing of Policy with the Department of Health and Human Services:**

1. HRH's Patient Financial Supervisor shall ensure that copies of the following documents are filed and maintained with the Maine Department of Health and Human Services:
  - (a) The current version of this Policy; and
  - (b) The current version of the Posted Notice of Availability of Free Care (**Attachments A and B**).
2. The above documents will be mailed to:

Rate Setting Unit  
Office of Operations and Support  
Department of Health and Human Services  
11 State House Station  
Augusta, ME 04330-001

**Attachment A  
Posted Notice of Availability of Free Care**

**Notice  
Free Medical Care for Those Unable to Pay  
Services provided – Hospital and Outpatient Clinics**

We provide free care to Maine residents with income less than one hundred and fifty percent (150%) of the Federal Poverty Level (FPL), which for 2018 is as follows:

<u>Size of Family Unit</u>	<u>2018 FPL</u>	<u>150% FPL</u>
1	\$12,140	\$18,210
2	\$16,460	\$24,690
3	\$20,780	\$31,170
4	\$25,100	\$37,650
5	\$29,420	\$44,130
6	\$33,740	\$50,610
7	\$38,060	\$57,090
8	\$42,380	\$63,570

Add \$6,480 for each additional person.

You can apply for free care at:      **Cashier Office  
Houlton Regional Hospital  
20 Hartford Street  
Houlton, ME 04730  
(207) 532-2900**

You will be asked if you have insurance of any kind to help pay for your care. You may also be asked to show that insurance or a government program will not pay for your care.

Only necessary medical care is given as free care.

If you do not qualify for free hospital care, you are allowed to ask for a fair hearing. We will tell you how to apply for a fair hearing.

**Attachment B  
Posted Notice of Availability of Sliding Scale**

**Notice  
Discounted Medical Care  
Services provided in the Rural Health Clinics**

We provide assistance for medical care for Maine residents whose incomes range from one hundred fifty percent (150%) to two hundred ten percent (210%) of the Federal Poverty Level (FPL), which for 2018 are the following amounts:

Size of Family	If your income is in one of these columns:				
1	18,210	20,031	21,852	23,673	25,494
2	24,690	27,159	29,628	32,097	34,566
3	31,170	34,287	37,404	40,521	43,638
4	37,650	41,415	45,180	48,945	52,710
5	44,130	48,543	52,956	57,369	61,782
6	50,610	55,671	60,732	65,793	70,854
7	57,090	62,799	68,508	74,217	79,926
8	63,570	69,927	76,284	82,641	88,998
<b>You Pay: of total bill.</b>	<b>0%</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>80%</b>

You can apply for assistance at: **Cashier's Office  
Houlton Regional Hospital  
20 Hartford Street  
Houlton, ME 04730  
(207) 532-2900**

You will be asked if you have insurance of any kind to help pay for your care. You may also be asked to show that insurance or a government program will not pay for your care.

Only necessary medical care is eligible for assistance.

If you do not qualify for discounted care, you are allowed to ask for a fair hearing. We will tell you how to apply for a fair hearing.

**Attachment C**  
**Process for Requesting and Obtaining an Administrative Hearing Concerning Eligibility for Free Care**

1. An administrative hearing may be requested by an applicant or the applicant's representative.
2. Unless otherwise specified under 10-144 C.M.R. Chapter 150, an administrative hearing must be requested within sixty (60) days of the date of written notification to the applicant by Houlton Regional Hospital of the action the applicant wishes to appeal.
3. The request for an administrative hearing must be made in writing or verbally to:

Administrative Hearings Unit  
Maine Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011

4. The administrative hearing will be held in conformity with the Maine Administrative Procedure Act, 5 M.R.S.A. §§8001 et seq., the Maine Department of Health and Human Services' Administrative Hearing Manual, and Section 1.10 of Maine's Free Care Guidelines, 10-144 C.M.R. Chapter 150.

*For more information about the Administrative Hearing Process,  
see 10-144 C.M.R. Chapter 150.*