

**STANDARD POLICIES & PROCEDURES
MILLINOCKET REGIONAL HOSPITAL
MILLINOCKET, ME**

**DEPT: PATIENT
FINANCIAL SERVICES
NUMBER: 0300**

SUBJECT: Financial Assistance Policy

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DATE REVISED:

DATE REVIEWED:

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DISTRIBUTED TO: Electronic Policies & Procedures

STATEMENT OF PURPOSE: To provide guidelines for identifying uninsured and underinsured patients with limited financial ability, to screen these patients for possible eligibility for federal and state programs, and to provide financial assistance for these patients to assist them with their hospital expenses. To provide a procedure for notifying patients of the availability of financial assistance, to determine who is qualified for this assistance, and to annually report the quantity of financial assistance in the form of state-mandated free care provided. Guidelines for free care eligibility will comply with Ch. 150 §1, Hospital Free Care Guidelines, issued by the Department of Human Services, Bureau of Medical Services. Millinocket Regional Hospital (MRH) will follow the Affordable Care Act (ACA) mandated Financial Assistance Policy regulations IRC section 501(r)(4).

POLICY: Patients with limited ability to pay medical bills may seek to delay care, resulting in progression of disease with a negative impact to the patient's health, increased utilization of emergency rooms, and possible increased risk to the community. MRH will assist patients with applying for federal and state medical coverage programs. For all patients, including those with health insurance coverage, Millinocket Regional Hospital can provide a financial screening to determine a patient's ability to pay. Patients without the ability to pay their hospital bill in full will be offered the opportunity to apply for patient financial assistance, in the form of free care or discounted care, depending on the patient's family size and income.

Millinocket Regional Hospital will not deny medically necessary services to any Maine resident solely because of the individual's inability to pay for these services. In accordance with the ACA, patients found to be eligible for financial assistance under this

policy will not be charged more for emergency or other medically necessary care than the amount generally billed (AGB) to insured patients.

DEFINITIONS:

Free Care: Services provided without expectation of payment from or on behalf of the individual receiving the hospital services. This is sometimes referred to as “Charity Care”.

Gross Charges: The full charge amount charged by MRH for items and services before any discounts, contractual allowances, or deductions is applied.

Discounts: A discount applied to the balance of an uninsured or underinsured patient’s bill when the patient does not qualify for Free Care but does qualify for a reduction of the balance due.

Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability.

Underinsured: Insured patients whose out-of-pocket medical costs far exceeds their ability to resolve their financial liability.

Presumptive Eligibility: The process by which the hospital may use information from sources other than the individual to determine eligibility for financial assistance.

Medically Necessary: “Medically Necessary” or “Medical Necessity” shall mean health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- in accordance with the generally accepted standards of medical practice;
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
- not primarily for the convenience of the patient or Physician, or other Physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

PROCEDURE:

Eligibility: Services eligible for financial assistance include: emergency or urgent care, services deemed necessary by MRH and its Provider-Based Physician Offices and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient’s health.

Patients who are uninsured or underinsured and have a household income at or below 150% of the Federal Poverty Guidelines (FPG) may receive Free Care (100% discount). Individuals with annual household income of 200% of FPG will be eligible for a 50% discount off of gross charges.

Uninsured patients who do not meet these income requirements will receive a discount of 10% on gross charges for medically necessary and emergency care.

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) . Once approved, initial determinations will be considered final.

When determining patients' eligibility, MRH does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

Determining Discount Amount: Once eligibility has been established, MRH will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients.

To calculate the AGB, MRH uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501 (r) final rule. To obtain a copy of the current AGB (s) and how they were calculated, please contact MRH either by calling 207-723-3369 or 207-723-7249 or by mail at Millinocket Regional Hospital, 200 Somerset St., Millinocket, ME, 04462, or by requesting a copy through our website at www.mrhme.org

Reporting: MRH will provide the Department of Human Services with information regarding its Patient Financial Policy amounts and a summary of Patient Free Care provided as required.

Applying for Financial Assistance: To apply for financial assistance, patients must submit a complete application, including supporting documents. Applications can be accessed at any registration point at MRH and the Provider-Based Physician offices, by calling 207-723-3369 or 207-723-7249, by mailing a request to Millinocket Regional Hospital, 200 Somerset St., Millinocket, ME, 04462, or by downloading the forms at www.mrhme.org.

All Outpatients are offered information about the Financial Assistance Program at time of registration. Inpatients and Emergency Room patients are offered information about the Financial Assistance program before discharge. Information is also included in brochures made available to inpatients, clinic patients and lab patients. Signs regarding the policy will be placed at all registration points and at other places where the public routinely transacts business with MRH. Patient Financial Services staff will also be available at community events, such as health fairs, to provide information about Financial Assistance.

To be considered eligible for financial assistance, patients must cooperate with MRH to explore alternative means of assistance if necessary, including Medicare and Medicaid. Once requested, patients will be given 30 calendar days to complete and return the application and documentation. If the application is determined to be incomplete, and addition 14 calendar days will be given to return the requested information. Once approved, an application is good for 6 months before a patient or guarantor is required to re-apply. Patients will be provided notice beyond which an application will no longer be accepted for care previously provided.

Patients will be required to provide necessary information and documentation which may include:

- Bank statements
- Proof of income for applicant (and spouse, if applicable), such as recent pay stubs, unemployment insurance pay stubs, or sufficient information on how patients are currently financial supporting themselves
- Copy of most recent federal tax return
- Documentation of qualification for MaineCare
- In some cases, information on available assets or other financial resources

Anyone with questions about the Financial Assistance application may contact our Financial Counselor either in person at 200 Somerset St., Millinocket, Maine or over the phone at 207-723-3369 or 207-723-7247. Financial counseling hours are Monday through Friday from 8:00 AM to 4:00 PM.

Presumptive Eligibility: If the patient fails to provide sufficient information to support financial assistance eligibility, MRH may refer to other enrollment resources to determine eligibility when:

- Patient is homeless
- Patient is eligible for other unfunded state or local assistance programs
- Patient is eligible for food stamps
- Patient is eligible for state-funded prescription medical program
- Patient is covered by an out-of-state Medicaid carrier
- Patient is currently incarcerated

All patients presumptively determined to be eligible for less than the most generous amount of assistance available will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

Actions in the Event of Non-Payment: The collection actions MRH may take if a financial assistance application and/or payment are not received are described in a separate policy.

MRH will make certain efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect a bill (these actions may include civil actions or reporting negative information to credit bureaus).

For more information on the steps MRH will take to inform uninsured and underinsured patients of our financial assistance policy and the collection activities we may pursue, please see MRH's Billing and Collections Policy.

You can request a free copy of this full policy in person at MRH at 200 Somerset St., Millinocket, ME, 04462, or by calling us at 207-723-3369 or 207-723-7247 or online at www.mrhme.org.

See Appendix (A) for a quarterly updated list of providers either covered or not covered by this policy when providing emergent or medically necessary care at a MRH facility. This appendix is updated quarterly.