

NORTHERN MAINE MEDICAL CENTER

SUBJECT:	Financial Assistance Program Policy	Page 1 of 4
DEPARTMENT:	Patient Financial Services	Effective: 8/1/16
APPROVED BY:		Revised: 4/8/19

OBJECTIVE – Consistent with its mission to provide high quality health and wellness services for the extended community, Northern Maine Medical Center (NMMC) is committed to providing charity care to every person in need of medically necessary treatment even if that person is uninsured, underinsured, ineligible for other government programs, or unable to pay based on their individual financial situation.

POLICY – In order to provide the level of aid necessary to the greatest number of patients in need, and protect the resources needed to do so, the following guidelines apply:

- Services are provided under charity care only when deemed medically necessary and after patients are found to have met all financial criteria based on the disclosure of proper information and documentation.
- Patients are expected to contribute payment for care based on their individual financial situation; therefore, each case will be reviewed separately.
- Charity care is not considered an alternative option to payment and patients may be assisted in finding other means of payment or financial assistance before approval for charity care.
- Uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so in order to ensure healthcare accessibility and overall well-being.

DEFINITIONS – The following terms are meant within this policy to be interpreted as follows:

1. **Charity Care:** Medically necessary services rendered at a discount or without expected payment from individuals meeting established criteria.
2. **Medically Necessary:** Hospital services or care rendered, both inpatient and outpatient, to a patient in order to diagnose, alleviate, correct, cure or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
3. **Emergency Care:** Immediate care which is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and serious dysfunction of any organs or body parts.
4. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.
5. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial responsibility to healthcare providers.
6. **Underinsured:** Patients who carry insurance or have third-party assistance to help pay for medical services, but who accrue or have the likelihood of accruing out-of-pocket expenses which exceed their financial ability.
7. **Amounts Generally Billed (AGB)** – The amount generally billed to insured patients for emergent or medically necessary care (determined as described in Addendum B)

ELIGIBILITY – NMMC will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insurance patients. Services eligible for charity care include: emergency or urgent care, services deemed medically necessary by NMMC, and overall care that is non-elective and needed in order to prevent death or adverse effects to the patient's health. Please see Addendum C for a listing of covered and non-covered Professionals.

Cost of care/spenddown amounts are not eligible for charity since these amounts have been identified by MaineCare as an affordable amount for the patient.

Eligibility for financial assistance may not exist where an individual has, or can qualify, for other third-party coverage. If an individual is not currently covered by a third-party, he must apply for Medicaid and show a Medicaid denial to be eligible for financial assistance services. NMMC personnel will assist individuals to apply for Medicaid. This requirement to apply for Medicaid does not apply when individuals are seeking assistance for primary care services. In the event that third-party coverage is discovered at a later date, any financial assistance write off will be reversed and third-party insurance will be billed.

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Patients must be a resident of the State of Maine. A resident of Maine refers to an individual living in the state voluntarily with the intention of making a home in Maine. An individual who is visiting or is in Maine temporarily is not a resident. Residency can be proven by supplying NMMC a copy of one of the following:

- Maine State Tax Return
- Maine Driver's License
- Vehicle registration for the State of Maine
- Residential lease or rental agreement/property deed

NOTE: The residency requirement is not applicable when individuals are seeking assistance for primary care.

Patients who are uninsured, underinsured, ineligible for government assistance programs, or unable to pay based on their individual financial situation are eligible for charity care. Determinations for eligibility are made on a case-by-case basis and may require appointments or discussions with NMMC financial counselors. NMMC provides assistance for deductibles, co-insurances, or co-payments in the form of free and/or discounted services. When determining patient eligibility, NMMC does not take into account race, gender, age, sexual orientation, religious affiliations, social or immigrant status.

Additionally, NMMC may refer to or rely on external resources, such as MaineProbate.net in the case of patients lacking documentation that support eligibility or individual circumstances. NMMC may provide free or discounted services when:

- Patient is deceased and without estate
- Patient files bankruptcy

Patients who file and are granted bankruptcy through the courts in the State of Maine will automatically be eligible for Charity Care for all open self-pay accounts and do not have to complete the application process.

DETERMINING DISCOUNT AMOUNT-

1. Patients who can demonstrate their family income is at or below 150% of the federal poverty line are eligible for a 100% discount on any patient balance.
2. Patients demonstrating a family income between 150% and 200% of the federal poverty line are eligible to receive services at a sliding fee discount based on the following chart:

Percent at or Below FPG	Percent of Write Off
150%	100%
160%	80%
170%	60%
180%	40%
200%	20%

See Addendum A for current income guidelines.

3. At the hospital's discretion, patients with family income exceeding 200% of the federal poverty line may still be eligible for discounts on an individual basis, taking into account extenuating circumstances, including financial or medical indigence or catastrophic infirmity.
4. NMMC adopts the U.S. Census Bureau's definition of family for this policy.
5. NMMC will limit the amounts charged to individuals eligible for financial assistance who receive emergency or medically necessary care to the amounts generally billed to individuals with insurance coverage that covers such care.

APPLYING FOR FINANCIAL ASSISTANCE – To be considered eligible for charity care, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including, but not limited to, Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for a discount, charity care, or other private or public payment programs.

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In addition to completing an application, documentation that we may need to be provided may include but not be limited to:

- Bank statements
- Proof of income for applicant (and spouse if applicable); three most recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves.
- Copy of most recent tax return.
- Documentation of MaineCare denial. (Not required for assistance related to primary care services.)
- In some cases, information on available assets or financial resources like credit scores may also be used to verify eligibility. (Not required for assistance related to primary care services.)

A letter will be sent to each applicant informing him of the eligibility determination, the amount of financial assistance given, any remaining balances owed by the patient, and the suggested repayment plan. The monthly payment arrangements will be made in accordance with NMMC time payment policy. Patients denied financial assistance will be sent a letter informing them of the reason for denial. NMMC's business office will keep a log of financial assistance provided each fiscal year, along with all applications, of those approved and denied. Account notes will be maintained as well.

Eligibility is effective for services incurred at the time of application, a new application must be filed each time services are sought. Documentation of MaineCare's denial will be valid for three months. In a case where a change of life occurs, patients can reapply for Financial Assistance. Change of life is defined as a change in patient's life that would constitute an ability to change insurance coverage.

COLLECTION PRACTICES FOR CHARITY CARE PATIENTS - Internal and external collection policies and procedures will take into account the extent to which a patient is qualified for charity care or discounts. In addition, patients who qualify for partial discounts are required to make a good faith effort to honor payment agreements with NMMC, including payment plans and discounted hospital bills. NMMC is committed to working with patients to resolve their accounts, and at its discretion, may provide extended payment plans to eligible patients. NMMC will not pursue legal action for non-payment of bills against charity care patients who have cooperated with the hospital to resolve their accounts and have demonstrated their income and/or assets are insufficient to pay medical bills.

For charity care patients qualifying for 100% assistance, NMMC will cease all collection efforts on their account and will not send unresolved balances or bills to outside collection agencies. The hospital also will not impose a lien or will not force the sale or foreclosure of those patient's primary residence for outstanding medical bills. Reporting to credit agencies and legal actions, such as the garnishing of wages, may be taken in order to enforce terms of a payment plan if clear evidence exists that the patient has sufficient income and/or assets to honor the agreement.

PATIENT EXPECTATIONS FOR RECEIVING PREFERENTIAL TREATMENT UNDER COLLECTIONS – To retain preferential treatment under collection practices as described above, patient will have qualified for a discount under the NMMC Charity Care Policy by providing all necessary information and documentation, cooperating with the hospital in establishing a reasonable agreement and/or payment plan, and communicating any changes in their financial situation that may further affect their ability to pay any discounted bills or agreed upon monthly payments. Patients will be asked to certify all information provided is true. If any information is determined to be false, all discounts afforded to the patient may be revoked, making them responsible for the full charges for services rendered.

COMMUNICATION OF CHARITY CARE PROGRAM – NMMC communicates the availability of its charity care program to all patients, through means which include, but are not limited to:

- Posted signs within waiting rooms, registration areas, or desks as well as emergency rooms and financial services departments.
- Brochures given to patients by hospital team members or with their paperwork.

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- Reference within NMMC's Patient Handbook.
- Designated staff knowledge on the charity care policy to answer patient questions or who may refer patients to the program.
- Applications are also available at community agencies, such as Sr. Citizen Center, ACAP, AMHC, Life by Design & Town Offices.

Requests can be made by a patient, their family members, friend or associate, but will be subject to applicable privacy laws.

Patients concerned about their ability to pay for services or who would like to know more about financial assistance should be directed to the Patient Financial Services Department at 207-834-5877.

REGULATORY REQUIREMENTS – In implementing this policy, NMMC shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.