

EMHS - System Policy

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Supersedes#: 16-002	Dated: 11/17/2014
Title: Financial Assistance for EMHS Hospital Services	
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Executive Sponsor: EMHS Chief Financial Officer	
EMHS President/CEO	EMHS Board Chair

APPLICABILITY

EMHS adopts the following Policy (and any Attachment(s)) for all its Member Organizations, specifically including those listed below:

EMHS adopts the following Policy (and any Attachment(s)) for its Member Organizations selected below:

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Acadia Healthcare | <input type="checkbox"/> Lakewood Continuing Care Center |
| <input checked="" type="checkbox"/> Acadia Hospital | <input checked="" type="checkbox"/> Maine Coast Memorial Hospital |
| <input type="checkbox"/> Affiliated Lab | <input checked="" type="checkbox"/> Mercy Hospital |
| <input type="checkbox"/> Beacon Health | <input type="checkbox"/> Meridian Mobile Health |
| <input checked="" type="checkbox"/> Blue Hill Memorial Hospital | <input type="checkbox"/> Miller Drug |
| <input checked="" type="checkbox"/> CA Dean Memorial Hospital | <input checked="" type="checkbox"/> Sebecook Valley |
| <input checked="" type="checkbox"/> Eastern Maine Medical Center | <input checked="" type="checkbox"/> The Aroostook Medical Center |
| <input type="checkbox"/> EMHS Foundation | <input type="checkbox"/> VNA Home Health & Hospice |
| <input type="checkbox"/> EMHS Home Office | <input type="checkbox"/> WorkHealth |
| <input checked="" type="checkbox"/> Inland Hospital | <input type="checkbox"/> Other (list): _____ |

This policy was approved by those noted below on the date(s) as noted:

EMHS Board of Directors, 4/28/2005, 9/25/2007 (unpublished), 8/16/2009, 6/16/2011, 6/13/2012, 10/8/2014, 6/22/2016

EMHS Governance Committee, 6/1/2011, 10/8/2014, 05/04/2016

EMHS Leadership Council, 6/19/2012, 6/17/2014

EMHS Finance Committee, 05/08/2009, 7/30/2014, 05/25/2016

EMHS CFO Council, 6/5/2014, 03/08/2016

RELATED REFERENCES

System Policy 16-009, Billing and Collection for EMHS Hospital Services

System Policy 16-010, Patient Self-Payment for Healthcare Services
System Policy 21-007, Emergency Treatment and Transfer Rules

DEFINITIONS

Amount Generally Billed (AGB): AGB means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Application Period: The period during which EMHS must accept and process a Financial Assistance Application. The Application Period begins on the date the care is provided by EMHS to an individual and ends no earlier than the 240th day after the date the first post-discharge billing statement for the care is provided.

Elective Cosmetic Surgery: CMS Medicare Hospital Manual, Section 250.11. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for improvement of functioning of malformed body member.

Extraordinary Collection Actions (ECAs): Defined in EMHS System Policy 16-009, Billing and Collection for EMHS Hospital Services.

Emergency Care:

- An individual presents at the Emergency Department (“ED”) and a request is made for examination or treatment for any medical condition; or
- The patient is treated at a department or practice that is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment (e.g., an urgent care center, off-campus Labor and Delivery suite, etc.).

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.

Family Income: Gross wages, salaries, dividends, interest, Social Security benefits, workers’ compensation, veterans’ benefits, training stipends, military allotments, regular support from family members not living in the household, government pensions, private pensions, any insurance income and annuity payments, income from rents, royalties, estates and trusts. All forms of self-employment income are included.

Federal Poverty Level (FPL): The Federal Poverty Income guideline as determined by the United States Department of Health and Human Services and published in the Federal Register.

Financial Assistance Application: Application completed in accordance with the process set forth in Section III of this Policy. A link to access the Financial Assistance Application is located above this Policy as an external link.

Gross Charges: A hospital's full, established price for medical care that the hospital consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Medically Necessary Care: Medical services or supplies which:

1. Are ordered by a physician and appropriate and necessary for the symptoms, diagnosis, or treatment of the medical or mental health condition;
2. Are provided for the diagnosis or direct care and treatment of the medical or mental health condition;
3. Meet the standards of good medical practice within the medical and mental health community in the service area;
4. Are not primarily for the convenience of the patient or a provider; and
5. Is the most appropriate level or supply of service which can safely be provided or, when necessary, as determined by utilization process review.

Multiple Family Household: 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.

PURPOSE

This Policy addresses free care and discounted prices and supports Eastern Maine Healthcare Systems' commitment to provide access to affordable, high quality healthcare in a fiscally responsible manner, regardless of the patient's ability to pay. The provision for financial assistance is consistent, appropriate and essential to fulfill our mission, vision and values.

POLICY

In order to promote the health and well-being of the communities served, uninsured or under insured individuals with limited financial resources who do not qualify for various entitlement programs shall be eligible to apply for free or discounted health care based on established criteria as outlined in this Policy. The intent is to assure that financial assistance is made available to those who are in need and least able to pay.

I. LIMITATIONS:

A. This policy applies to:

1. Maine Residents receiving Emergency and other Medically Necessary Care as determined by the clinical judgment of the provider without regard to the financial status of the patient, and who meet the requirements outlined below.
2. Non-Maine Residents seeking Emergency Care and who meet the requirements outlined below.

B. Financial Assistance does not:

1. Provide health insurance
2. Act as a substitute or supplement for health insurance
3. Guarantee benefits
4. Cover non-EMHS medical care providers

5. Preclude minimum co-payments required by regulation or for clinical reasons (e.g. batterer's intervention program; narcotics treatment program)
6. Cover elective Cosmetic Surgery

II. ELIGIBILITY FOR FREE OR DISCOUNTED CARE:

A. Financial assistance for Medically Necessary Care is available to:

Maine Residents who:

- have no health insurance coverage or have coverage that pays only part of the bill;
- and
- Meet the income criteria set forth below.

B. Financial assistance for Emergency Care is available to:

Maine Residents and non-Maine Residents who:

- have no health insurance coverage or have coverage that pays only part of the bill;
- and
- Meet the income criteria set forth below.

EMHS hospitals provide 100% financial assistance/free care based on criteria as defined below:

- Gross income is below 150% of the FPL, subject to funding
- Patient is a resident of Maine
- Non Maine resident seeking emergency care
- For services or supplies that are a Medical Necessity
- All Third Party Payer sources have been exhausted

EMHS hospitals provide partial free care (at 50% of approved charges) based on the criteria as defined below:

- Gross income is 150 – 250% of the FPL
- Patient is a resident of Maine
- Non-Maine resident seeking emergency care
- For services or supplies that are a Medical Necessity
- All Third Party Payer sources have been exhausted

- C. No individual eligible for financial assistance will be charged more for emergency or otherwise medically necessary care than the calculated AGB.**

PROCEDURE

I. IDENTIFICATION OF POTENTIALLY ELIGIBLE PATIENTS

- A.** When possible, prior to the service date of the patient, the EMHS Member Organization will conduct a pre-admission interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission interview is not possible, this interview should be conducted at time of service or as soon as possible thereafter. In the case of an emergency admission, the EMHS evaluation of payment alternatives should not take

place until the required medical care has been provided. At the time of the initial patient interview, the following information should be gathered:

1. Routine and comprehensive demographic data; and
2. Complete information regarding all existing third party coverage.

- B.** All patients will be offered the opportunity to apply for financial assistance. When a patient requests financial assistance after leaving the facility, a Patient Account Representative will mail a Financial Assistance Application to the patient/guardian for completion.
- C.** Identification of potentially eligible patients can take place at any time during the Application Period.
- D.** Financial counselors are generally available during regular business hours to provide the following services:
 1. Identify possible payment sources such as accident liability insurance or COBRA.
 2. Screen patients for possible coverage under state, federal, or local assistance programs, including hospital free care.
 3. Assist patients in applying for federal or state sponsored health insurance and free care programs.
 4. Discuss any financial questions.
 5. Establish payment arrangements.
 6. Provide price estimates.
 7. Provide patients with an itemized bill upon request.
- E.** The EMHS Member Organization may rely on information obtained from other sources to determine whether the individual is eligible for assistance.

II. MEASURES TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY IN THE COMMUNITY

EMHS and its Member Organizations will comply with all applicable laws, rules and regulations regarding notification to patients regarding financial assistance, including the following:

- A.** Posted signs and individual notices containing information on the availability of free care or financial assistance are located in key public areas of the hospital, including but not limited to the following: Central Registration/Patient Access, Emergency Room waiting area, Clinic locations, hospital-employed physician practice waiting rooms, financial counselor locations and the Business Office.
- B.** Paper copies of this Policy, the Financial Assistance Application, and the plain language summary will be available at the locations listed in (A) above, and will be offered to patients as part of the intake or discharge process.
- C.** Information, such as brochures, will be included in patient services/information folders and/or at patient intake areas and upon request via phone, internet or in person.

- D.** A conspicuous notice regarding the availability of financial assistance, including the telephone number of the hospital office or department that can provide information about this Policy and the Financial Assistance Application process, and the URL or web address where copies of this Policy, the Financial Assistance Application, and plain language summary can be found, will be included on all billing statements.
- E.** All public information and/or forms regarding the provision of financial assistance, including, but not limited to, this Policy, the Financial Assistance Application, and the plain language summary of the Policy, will use languages that are appropriate for the facility's service area. If there are primary languages other than English spoken by the lesser of 1,000 people or 5% of the community served by the hospital, public information, forms and/or signage will be provided in those other languages.
- F.** The Financial Assistance Application, instructions, and plain language summary may be accessed through the link located above this Policy as an External Link or via <http://emhs.org/Billing-Help.aspx>.
- G.** EMHS will make a reasonable effort to orally notify an individual about the hospital's Financial Assistance Policy and about how to obtain assistance with the Financial Assistance Application process at least 30 days prior to the initiation of ECAs against the individual. Refer to System Policy #16-009, Billing and Collection for EMHS Hospital Services, linked above this Policy as a Related Document or via <http://emhs.org/Billing-Help.aspx>, for the procedures that must be followed prior to initiating ECAs.
- H.** If at any time during the Application Period the patient expresses an inability to pay, the patient will be informed of the availability of financial assistance and will be provided a Financial Assistance Application.

III. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE

- A.** The patient should receive and complete a written Financial Assistance Application and provide all supporting data/documents required to verify eligibility. The types of data/documents that are required in support of the Financial Assistance Application are listed in the Financial Assistance Application instructions.
- B.** Presumptive Eligibility – A determination where a patient is presumed eligible for financial assistance based on financial and historical qualifiers:
 - 1) Individual is eligible for certain state programs, i.e., SNAP, TANF
 - 2) Individual is currently eligible for Medicaid, but was not at the date of service;
 - 3) Individual is homeless;
 - 4) Individual is deceased and has no known estate able to pay hospital debts;
 - 5) Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;

- C. The Financial Assistance Application will serve as the record reflecting approval or denial of financial assistance.
- D. Individuals can contact any Member Organization for more information about the Financial Assistance Application process and for assistance with the Financial Assistance Application.

IV. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON-PAYMENT

The actions that EMHS may take in the event of non-payment are described in a separate policy, System Policy #16-009, Billing and Collection for EMHS Hospital Services. Members of the public may access this policy by contacting a financial counselor or by accessing the policy via <http://emhs.org/Billing-Help.aspx>.

V. LIST OF PROVIDERS DELIVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

The EMHS Financial Assistance Provider List, linked above this Policy as an External Link or accessed via <http://emhs.org/Billing-Help.aspx>, contains a list of the providers at each EMHS Member Organization who provide Emergency Care and/or Medically Necessary Care and specifies which of these providers are covered by this Policy. EMHS regularly updates its provider list in an effort to ensure the list remains accurate and up-to-date. However, there may be times when this list has not been updated to include a new provider or to reflect a change in a provider's status as covered or not covered by this Policy. EMHS recommends that individuals consult with an EMHS financial counselor whenever possible to confirm whether information about a particular provider is accurately reflected.

VI. FINANCIAL ASSISTANCE APPLICATIONS COMPLETED FOR OTHER EMHS MEMBER ORGANIZATIONS

All EMHS Member Organizations will honor the approved application from an alternate EMHS Member Organization.

VII. MONITORING AND REPORTING

- A. A FINANCIAL ASSISTANCE application log from which periodic reports can be generated shall be maintained aside from any other required financial statements.
- B. FINANCIAL ASSISTANCE activity will be reported to the community annually, based on estimated costs of the services.

ATTACHMENTS

1. Financial Assistance Application, accessed via External Link located above this Policy or via <http://emhs.org/Billing-Help.aspx>.
2. EMHS Financial Assistance Provider List, accessed via External Link located above this Policy or via <http://emhs.org/Billing-Help.aspx>.