POLICY/PROCEDURE TITLE: Financial Assistance Policy (FAP)	
ENTITY: ☒ **CMMC** ☐ **CMCA** ☒ **BRIDGTON HOSPITAL** ☒ **RUMFORD HOSPITAL**	
CATEGORY: Administrative	**ORIGINATION DATE:** 11/29/2019
OWNER GROUP: **Revenue Cycle**	**PUBLICATION DATE: 9/1/2023**

SCOPE

This policy applies to all Central Maine Medical Center, Rumford Hospital, Bridgton Hospital facilities, practices, entities, and services and their team members.

PURPOSE

Central Maine Healthcare (CMH) entities listed above, including all associated provider practices, provide financial assistance for emergency and medically necessary healthcare services received as an inpatient or outpatient in a fair, consistent, respectful and objective manner to uninsured or underinsured patients. The provision of financial assistance is consistent, appropriate and essential to fulfill our mission, vision and values. This Policy addresses Financial Assistance and supports CMH's commitment to provide access to safe, reliable, high-quality care for every patient, every day.

DEFINITIONS

Amount Generally Billed (AGB): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. To the extent applicable, AGB will be determined under the "look-back method" by taking the total payments the hospital received from all commercial plans and Medicare during the hospital's prior fiscal year and dividing this number by the total hospital charges to these commercial plans and Medicare during this prior year. Patients who qualify for assistance will receive a discount either equal to or greater than the discount provided to insured individuals.

The AGB percentages listed below apply to any emergency or other medically necessary care provided to a FAP-eligible individual from the approval date of this policy.

Member Hospitals	Central Maine Medical Center	Rumford Hospital	Bridgton Hospital
AGB %	53.2%	57.8%	54.9%
Discount % Required	46.8%	42.2%	45.1%
Discount % Offered	50.0%	50.0%	50.0%

Application Period: The Application Period for Financial Assistance for a date of service expires eight months (240 days) from the first post discharge billing statement. The coverage for this application period for Financial Assistance is effective for six months (180 days) following the date of determination for outpatient services. Inpatient services following initial determination date require an updated application.

Extraordinary Collection Actions (ECAs): The following actions taken against an individual, or against any other individual who has accepted or is required to accept responsibility for the individual's hospital bill for the care, related to obtaining payment of a bill for care covered under the FAP: (i) selling an individual's debt to another party; (ii) reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus; and (iii) actions that require a legal or judicial process (e.g. placing a lien on an individual's property, foreclosing on an individual's property, garnishing an individual's wages).
ECAs **do not include** placing hospital liens on a patient's property to obtain the proceeds of settlements, judgments, or compromises arising from a patient's suit against a third party who caused the patient's injuries.
ECAs also **do not include** a hospital's sale of an individual's debt to another party if, prior to the sale, the hospital enters into a legally binding written agreement with the purchaser of the debt containing four conditions:

- The purchaser of the debt must agree not to engage in any ECAs to obtain payment of the debt;
- The purchaser of the debt must agree not to charge interest on the debt in excess of the rate in effect under Section 6621(a)(2) of the Internal Revenue Code at the time the debt is sold (or such other interest rate set by notice or other guidance published in the Internal Revenue Bulletin);
- The debt must be returnable or recallable by the hospital upon a determination by the hospital or the purchaser that the individual is FAP-eligible; and
- If the individual is determined to be FAP-eligible and the debt is not returned to or recalled by the hospital, the purchaser must adhere to procedures specified in the agreement that ensure the individual does not pay, and has no obligation to pay, the purchaser and the hospital together more than the individual is personally responsible for paying as a FAP-eligible individual. ECAs also do not include the filing of a claim in a bankruptcy proceeding

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.

Emergency Care:

- An individual present 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

Includes:

- Gross wages and salaries before any deductions
- 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)
- Regular payments from social security, railroad retirement, unemployment compensation, worker's compensation, strike benefits from union funds, veterans' benefits
- Public assistance including Temporary Assistance to Needy Families, Supplemental Security Income, and General Assistance money payments
- Training stipends
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household
- Private pensions, government employee pensions, and regular insurance or annuity payments
- Dividends, interest, rents, royalties, or periodic receipts from estates or trusts
- Net gambling or lottery winnings

Does not Include:

- Capital gains
- Any liquid assets, including withdrawals from a bank or proceeds from the sale of property
- Tax refunds
- Gifts, loans, and lump sum inheritances
- One-time insurance payment or other one-time compensation for injury

- Non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits
- 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
- Federal non-cash benefit programs, including Medicare, Medicaid, Food Stamps, school lunches, and focusing assistance

FAP-Eligible Individual: An individual eligible for financial assistance under the FAP (without regard to whether the individual has applied for assistance under the FAP).

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.

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:

- Are ordered by a physician and appropriate and necessary for the symptoms, diagnosis, or treatment of the medical or mental health condition, including certain preventative services
- Are provided for the diagnosis or direct care and treatment of the medical or mental health condition;
- Meet the standards of good medical practice within the medical and mental health community in the service area;
- Are not primarily for the convenience of the patient or a provider; and
- 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.

PROCEDURE/PROCESS

I. IDENTIFICATION OF POTENTIALLY ELIGIBLE PATIENTS

A. When possible, prior to the service date of the patient, CMH 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 for higher dollar cases.

B. In the case of an emergency admission, the CMH 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 but must not delay examination and treatment:
    - Routine and comprehensive demographic data; and
    - Complete information regarding all existing third-party coverage
C. All patients will be offered the opportunity to apply for financial assistance. When a patient requests financial assistance after leaving the facility, a Financial Advocate will mail a Financial Assistance Application to the patient/guardian for completion
D. Identification of potentially eligible patients can take place at any time during the Application Period
E. Financial advocates are generally available during regular business hours to provide the following services:
    - Identify possible payment sources such as accident liability insurance or COBRA
    - Screen patients for possible coverage under state, federal, or local assistance programs, including hospital financial assistance.
    - Assist patients in applying for federal or state sponsored health insurance and financial assistance programs
    - Discuss any financial questions
    - Establish payment arrangements
    - Provide price estimates
    - Provide patients with an itemized bill upon request
F. CMH 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

CMH 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 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 Section 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 in compliance with Section 1557 of the Patient Protection and Affordable Care Act. At a minimum, 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 via https://www.cmhc.org/patients-visitors/billing-financial-information/financial-assistance/
G. CMH 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
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. The Financial Assistance Application and instructions may be accessed via https://www.cmhc.org/patients-visitors/billing-financial-information/financial-assistance/

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:
    - Individual is eligible for certain state programs, i.e., SNAP, TANF;
    - Individual is currently eligible for Medicaid, but was not at the date of service;
    - Individual is homeless;
    - Individual is deceased and has no known estate able to pay hospital debts;
    - 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. An approved Financial Assistance Application from any CMH entity will be utilized to presumptively determine eligibility for a period of six months from the approval date except if any of the following apply:
    - Subsequent rendering of inpatient services;
    - Income change;
    - Family size change;

- Change in employment status

E. Individuals may contact any CMH Hospital for more information about the Financial Assistance Application process and for assistance with the Financial Assistance Application
F. Patients seeking Emergency Medical Care: CMH Hospitals will provide, without discrimination, care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C 1395dd)) to individuals regardless of their eligibility for assistance under this Policy and as required under the Emergency Medical Treatment and Active Labor Act ("EMTALA"). CMH Hospitals will not engage in activities that discourage individuals from seeking emergency medical care, such as by demanding patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care

IV. EXTRAORDINARY COLLECTION ACTIONS (ECAs)

A. General requirements prior to initiating ECAs: CMH hospitals may not initiate any ECA for at least 120 days from the date the CMH hospital provides the first post-discharge billing statement for the care and until the individual has been notified of the FAP. Additionally, before engaging in ECAs against an individual, CMH hospitals must make reasonable efforts to determine whether an individual is eligible for financial assistance under the FAP in accordance with Section 1 below. ECAs may not be engaged in if the patient has made a satisfactory payment arrangement with the hospital. Finally, prior to commencing any ECA, the CFO or their designee must determine that the hospital has made reasonable efforts to determine whether an individual is FAP-eligible and has otherwise complied with this Policy. No ECA may be commenced prior to such determination by the CFO or their designee
B. Reasonable efforts: A CMH hospital will be deemed to have made reasonable efforts to determine whether an individual is eligible for financial assistance under the FAP if the CMH hospital either: (i) determines the individual meets the requirements for a presumptive eligibility determination; or (ii) provides adequate notice to the individual about the FAP and processes any FAP application submitted by the individual (whether the application is complete or incomplete)
    - To make a presumptive eligibility determination, the hospital must determine that the individual is eligible for financial assistance based on information other than that provided by the individual or based on a prior FAP-eligibility determination
    - In order to provide adequate notice to an individual about the FAP, CMH hospitals must notify the individual about the FAP at least 30 days prior to initiating one or more ECAs by providing the individual with a written notice that indicates financial assistance is available for eligible individuals, identifies the ECAs that the CMH hospital intends to use to obtain payment, and states a deadline after which ECAs may be initiated, which deadline is no earlier than 30 days after the date the written notice is provided
    - Enclose a plain language summary of the FAP with the written notice
    - Make a reasonable effort to orally notify the individual about the FAP and how the individual may obtain assistance with the FAP process

C. Additional procedures if an incomplete FAP application is submitted: In addition to complying with the notice requirements described in Section A above, CMH hospitals must provide individuals who submit an incomplete FAP application during the Application Period with notice about how to complete the FAP application and a reasonable opportunity to do so. In order to satisfy these requirements, CMH hospitals must do all of the following:
    - Not initiate, or take further action on previously initiated ECAs
    - Provide the individual with a written notice that contains the following information: description of the information and/or documentation under the FAP or FAP application form that must be submitted to complete the FAP application
    - Contact information, including telephone number and physical location, of: (i) the hospital office or department that can provide information about the FAP; and (ii) either (a) the hospital office or department that can provide assistance with the FAP application process, or (b) at least one nonprofit organization or Government agency that CMH has identified as an available source of assistance with FAP applications
D. Additional procedures if a complete FAP application is submitted: In addition to complying with the notice requirements described in Section A above, CMH hospitals must do all of the following with respect to an individual who submits a complete FAP application during the Application Period:
    - Not initiate, or take further action on previously initiated ECAs
    - Make a determination as to whether the individual is eligible for financial assistance under the FAP
    - Notify the individual of the eligibility determination in writing, including the assistance for which the individual is eligible and the basis for the eligibility determination
    - If the individual is determined to be eligible for financial assistance under the FAP, the CMH hospital must take all reasonable measures to reverse any ECA taken against the individual to obtain payment for the care (e.g. vacate any judgment, discharge any lien or levy, and remove any adverse information from a credit report)
E. Referral of debt to collection agencies: in addition to complying with the general requirements for ECAs set forth in Section A above, CMH hospitals must comply with the following additional requirements when referring an account to a debt collections agency:
    - CMH hospitals require debt collection agencies to provide written assurances that the agency is compliant with the Fair Debt Collection Practices Act and the American Collections Association (ACA), Codes of Ethics and Professional Responsibility
F. Reporting to credit reporting agencies: in addition to complying with the general requirements for ECAs set forth in Section A above, CMH hospitals must comply with the following additional requirements when making a report to any credit reporting agency (e.g. Transunion, Experian, and Equifax):
    - Accounts referred to a collection agency may be listed with a national credit reporting agency if the responsible party fails to make payment in full or a satisfactory payment arrangement with the collection agency

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

A weblink to the CMH Financial Assistance Provider List is found at:
https://www.cmhc.org/patients-visitors/billing-financial-information/financial-assistance/
This page has a list of the providers at CMH hospitals who provide Emergency Care and/or Medically Necessary Care who are NOT covered by this Policy. CMH regularly updates its non-employed 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. CMH recommends that individuals consult with a CMH financial counselor whenever possible to confirm whether information about a particular provider is accurately reflected.

VI. MONITORING AND REPORTING

A. Financial assistance application log from which periodic reports maybe 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

SPECIAL CONSIDERATIONS:

I. LIMITATIONS:

A. This policy applies to:
    - 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
    - Non-Maine residents seeking emergency care and who meet the requirements outlined below
B. Financial assistance does not:
    - Provide health insurance
    - Act as a substitute or supplement for health insurance
    - Guarantee benefits
    - Cover non-CMH medical care providers
    - Preclude minimum co-payments required by regulation or for clinical reasons (e.g. batterer's intervention program; narcotics treatment program)
    - Cover Elective Cosmetic Surgery or services not meeting medical necessity

II. ELIGIBILITY FOR FINANCIAL ASSISTANCE:

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

C. CMH Hospitals provide 100% financial assistance (free care) based on criteria as defined below:
   - Gross income is below or equal to 200% of the FPL
   - Patient is a Maine resident receiving Emergent or Medically Necessary services and supplies
   - Patient is ***not*** a Maine resident receiving Emergency Care
   - All Third-Party Payer sources, including spend down, when appropriate have been exhausted

D. CMH Hospitals provide partial free care (the amount of partial free care will be equal to 100% of eligible charges, minus the AGB, but in no case will be less than 50%)
   - Gross income is *greater than 200%* and *less than or equal to 250%* of the FPL
   - Patient is a Maine resident receiving Emergent or Medically Necessary services and supplies
   - Patient is ***not*** a Maine resident receiving Emergency Care
   - All Third-Party Payer sources, including spend down, when appropriate have been exhausted

E. No individual eligible for financial assistance will be charged more for emergency or otherwise Medically Necessary Care than the calculated AGB

For questions about the Financial Assistance at Central Maine Healthcare, please contact (207) 786-1803 or through the web at https://www.cmhc.org/patients-visitors/billing-financial-information/.

DISCLAIMER STATEMENTS

Extenuating circumstances may necessitate deviation from the terms of a policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations.

CROSS REFERENCES

Central Maine Healthcare Billing and Collections Policy

REFERENCES AND SOURCES OF EVIDENCE

Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r). (n.d.). Retrieved December 16, 2019, from https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r.

REVIEW/APPROVAL SUMMARY

SUPERSEDES: N/A	
REVIEW/REVISION DATES *(dates in parentheses include review but no revision)***: 11/20/2020, (02/04/2022), 08/23/2023,**	
APPROVAL BODIES: CMH Board, Finance Committee	**ORIGINAL APPROVAL DATE: 4/1/2021** **APPROVAL DATE: 8/23/2023**