



Rev. 07/14, 07/15, 07/16, 01/17,8/17,9/18, 2/19, 9/19, 02/20

Spanish Española

ATENCION: Si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica.

French Francais

ATTENTION: Si vous parlez francais, des services d'aide linguistique vous sont proposes gratuitement.

Financial Assistance Policy for Mount Desert Island Hospital and Health Centers
<https://www.mdihospital.org/insurance-and-billing/financialassistance/>

PURPOSE

Mount Desert Island Hospital a non-profit healthcare provider. Aligned with our core value of commitment to those who are poor, we provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the expenses incurred in receiving healthcare. The purpose of this policy is to establish guidelines for Financial Assistance for patients who incur significant financial burden as a result of the amount they are expected to owe “out-of-pocket” for medically necessary health care services.

In addition, this policy provides administrative and accounting guidelines for the identification, classification and reporting of patients as Financial Assistance as distinguished from Bad Debts.

POLICY

Mount Desert Island Hospital and its’ provider based Health Centers are deeply committed to caring for those who are poor; MDIHO has established respectful and effective procedures for addressing the needs of those persons who are unable to pay for all or most of their care. In order to preserve the dignity of these persons and to facilitate the process of securing necessary information, MDIHO strongly prefers to perform financial screening upon scheduling, admission or registration (discharge processing in the ED) as part of the overall Financial Counseling process, in order to education the patients about programs available to them for care.

Mount Desert Island Hospital and Health Centers are tax-exempt entities; whose underlying mission is to provide services to all in need of medical care. Patients requiring urgent or emergent services shall not be denied those services based on their inability to pay. MDI Hospital’s post-acute care settings and Health Centers will work with patients who have a demonstrated financial need to provide financial assistance to those patients seeking care in

those settings. However, for Mount Desert Island Hospital and affiliated entities to continue to provide high quality services and support community needs, each entity has a responsibility to seek prompt payment for services where collection is allowed and not in conflict with the State of Maine regulations or Federal regulations including EMTALA.

Patients who represent increased financial risk as a result of the amount they are expected to owe “out-of-pocket” should be referred to the Financial Counselor identified as our Patient Access Services (PAS) Representative for assistance in applying for alternative payment programs (e.g., Medical Assistance, Disability, and Health Insurance Exchange etc.), determining Financial Assistance eligibility, and establishing payment plans or other financing arrangements.

All open self-pay balances will be referred to a collection agency within the extraordinary collection actions after 120 days from the post discharge billing statement date. Under IRS 501r regulation for qualified coverage, which is 240 days from post discharge bill statement date may be considered for financial assistance. If a determination is made that, the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person’s ability to pay later. The MDIHO follows a Billing and Collection Policy that outlines the efforts that MDIHO uses as a directive for complying with State and Federal laws with regard to Financial Assistance and Collection Efforts. The Billing and Collection Policy is available upon request from our Patient Financial Service Department located at 10 Wayman Lane, Bar Harbor, ME 04609 or by calling 207-288-5082 x 8600.

This policy is also in compliance with the guidelines set forth by the Maine Department of Health and Human Services, 10-144 C.M.R. Ch. 150.

DEFINITION OF FINANCIAL ASSISTANCE

Financial Assistance is care provided to a patient with a demonstrated inability to pay.

A patient is eligible for Financial Assistance consideration based upon meeting certain income eligibility criteria as established by the Federal Poverty Income Guideline. The United States Census Bureau updates these guidelines annually.

A patient whose family income (household income) is greater than 150% of the most recent Poverty Guidelines and less than 250% of such guidelines qualifies for a partial discount from allowable charges. Amount Generally Billed (AGB) is calculated annually to validate the discounts from allowable charges. The calculation is based on Medicare’s reimbursement to MDIH through the most recently filed and accepted Cost Reports.

Financial Assistance represents health care services that are provided, but are never expected to result in payment.

As a result, Financial Assistance does not qualify for recognition as receivable or net patient service revenue in the financial statements.

Financial Assistance may include unpaid coinsurance and deductibles if the patient meets the Financial Assistance eligibility criteria for undue burden.

Bad Debt is payment not received for service rendered for which payment was anticipated and credit extended. Bad Debt patients do not meet the criteria for Financial Assistance, that is, they are considered able to pay, but unwilling to satisfy their outstanding obligations.

Financial Assistance data reporting to the State of Maine for services provided (Community Benefit Inventory Social Accountability statements) must be based on cost of patient care services, not charges, with costs being determined by application of the standard cost-to-charge ratio.

Eligibility for financial assistance may be re-evaluated at the following times:

- ☐ Subsequent rendering of services,
- ☐ Income change,
- ☐ Family size change,
- ☐ When a closed account is to be reopened, or
- ☐ Six months following the last financial evaluation.

Emergent Services: Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). A medical screening examination and treatment for emergency medical conditions or any other such service rendered to the extent required pursuant to EMTALA (42 USC 1395(dd)) qualifies as Emergency Care.

Emergent services also include:

- ☐ Services determined to be an emergency by a licensed medical professional;
- ☐ Inpatient medical care which is associated with the outpatient emergency care; and, results in a transfer to a larger Tertiary Hospital would be considered for financial assistance.

What is Not Covered?

Financial Assistance:

- ☐ Does not provide health insurance.
- ☐ Does not act as a substitute or supplement for health insurance.
- ☐ Does not guarantee benefits.
- ☐ Does not cover non-MDIH medical care providers for whom we do not bill.
- ☐ Does not preclude minimum co-payments required by regulation or for clinical reasons (e.g. batterers intervention program; narcotics treatment program).
- ☐ The payor of last resort.

PROCEDURE

It is imperative that the determination, reporting, and tracking of Financial Assistance are in concert with MDIH's mission and values and reflective of the organization's community commitment. Financial Assistance programs at MDIH cover those departments and providers as listed in our Exhibit A, which will be updated as necessary to incorporate any changes.

MDIH provides medically necessary care to all regardless of ability to pay. Financial Assistance is based on the individual's ability to pay. The need for Financial Assistance is a sensitive and personal issue for recipients and needs to be addressed with reverence for those who are in need.

Confidentiality of information and individual dignity shall be maintained for all that seek financial assistance. The mental, emotional or physical conditions and limitations of the patient should be considered when applying criteria.

Eligibility Criteria

Excluded from coverage are any third parties who may be liable for payment for services. Financial Assistance is only available for medically necessary care and excludes such procedures as cosmetic surgery and/or elective procedures.

MDI Hospital does not assume or engage in Presumptive Eligibility in assessing Financial Assistance or Government Assistance.

A. Financial Assistance Criteria:

1. Any individual residing in the State of Maine who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for Financial Assistance.
 - a. Resident of Maine. The term "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.
 - b. Residency requirements include filing taxes in the state, seeking a driver's license and domicile.
 - c. Non-Maine residents, US Citizens, may qualify for financial assistance for emergency care, resulting in transfer to tertiary facility or care resulting in hospitalization or surgery.
2. The patient's potential eligibility for governmental or other coverage will be assessed. This may include Medicaid and participation in Health Insurance Exchange coverage and subsidies.
3. A Financial Assistance Application/Disclosure Form is used to document each patient's overall financial situation. The form is available on the Mount Desert Island Hospital website (mdihospital.org) and at the Mount Desert Island Hospital's Financial Assistance offices located at 10 Wayman Lane, Bar

Harbor, ME 04609. A qualified interpreter is available for those who need assistance with translation to another language.

4. Credit reports may be used to verify an individual's financial circumstances, including the use of any external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
5. A patient's employment status and earning capacity is taken into consideration when evaluating a Financial Assistance request.
6. The data used in making a determination concerning eligibility for Financial Assistance should be verified to the extent practical in relation to the amount involved.
7. A determination on a pending Financial Assistance Application should be completed within 14 business days of receipt of the completed application, completed application is defined as all documents have been completed, submitted and signed appropriately. A "pending application" is defined as an application that has been fully completed by the patient, received by MDIH's Financial Assistance area and is in the process of being determined for eligibility.
8. Once a determination has been made, a written notification is mailed to each applicant advising him or her of the decision.

B. Full Financial Assistance: 100% Discount (less applicable copays)

A patient whose family income (as calculated on the Financial Assistance Application/Disclosure Form) is equal to or less than 150% of the most recent Department of Human Services defined poverty level (Federal Poverty Guidelines) qualifies for a full (100%) Financial Assistance discount with no out-of-pocket responsibility.

C. Partial Financial Assistance:

A patient whose family income (as calculated on the Financial Assistance Application/Disclosure Form) is more than 150%, but less than 250%, of the most recent Department of Human Services defined poverty level (Federal Poverty Guidelines) qualifies for Partial Financial Assistance, on average between 30%- 80% discount of charges dependent on income guidelines. For consideration of determination all assets, household incomes for everyone living in the home, and expenses associated with the household will be required as part of a complete application package.

The discount range is reviewed at a minimum annually to substantiate the discounts in association with Amounts Generally Billed (AGB).

Mount Desert Island Hospital, a federally designated Critical Access Hospital (CAH), has adopted the calculation for AGB based on the cost reimbursement model provided by MEDICARE and filed annually, known as the COST REPORT. The calculation is available upon request, below is an example of the annual calculation. The IRS 501-r regulation does not provide prescriptive methods for CAH's to calculate AGB, MDI Hospital has adopted this

Methodology and adjusts the sliding scale discounts accordingly. Example: (Incomes 250% of the Federal Poverty Limit (FPL) would receive a 30% discount, Incomes 200% of the FPL would receive a 55% discount, and Incomes 175% of the FPL would receive an 80% discount) – Reference Exhibit B of this Policy.

Mount Desert Island Hospital		
Calculation of Amounts Generally Billed		
Most Recently Filed Cost Report FY 2019		
Medicare Payment Rates		
		<u>O/P</u>
Medicare OP Rate		53%
Medicare Payment Rate		91%
Coinsurance Amount		20%
Average Adjustment per \$1000	1000	
Medicare Payment Rate	91%	
Medicare payment rate x Charge of \$1000		\$ 908
Medicare Payment Rate x Product of Charge of \$1000 x OP Interim Payment Rate	53%	\$ 481
Medicare OP Coinsurance Rate x \$1000	0.2	\$ 200
Total of Coinsurance and Payment Rates		\$ 681
Difference Between Charge of \$1000 and Medicare Expected Payments		\$ 319
Amount Generally Billed Discount		32%
		<u>I/P</u>
Medicare Per Diem Rate Inpatient Rate		\$3,380.68
Patient Days		1,322.00
Total Medicare Payments		\$ 4,469,258.96
Total Costs		\$ 3,872,508.00
Difference in Dollars between		\$ 596,750.96
Amount Generally Billed Discount to Medicare		15%
Blended Amounts Generally Billed Calculation:		24%

D. Self-Pay Discounts and Payment Plans

All uninsured patients with income greater than 250% of poverty are eligible for a 10% prompt pay discount of charges from date of service until first statement cycle.

Patients who cannot afford to pay their balance in full will be offered the option of a monthly payment plan. Refer to Exhibit C for payment plan guidelines.

E. MaineCare Denied Patient Days and Non-Covered Services

MaineCare (Medicaid) patients are eligible for Financial Assistance write-offs related to denied stays, denied days of care, deductibles, days awaiting placement and medically necessary non-covered services.

F. Special Circumstances

1. Deceased patients without an estate or third party coverage are eligible for Financial Assistance.
2. On rare occasions, a patient's individual circumstances may be such that while they do not meet the regular Financial Assistance criteria in this policy they do not have the ability to pay their hospital bill. In these situations, in accordance with the Approval Matrix below, part or all of their cost of care may be written off as Financial Assistance. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria. Some examples of special circumstances and relevant considerations include:

☐ ☐ Single parents or individuals caring for elders

☐ ☐ Change in employment status (i.e., loss of job) accompanied by ☐ other income source

G. Governmental Assistance

1. In determining whether each individual qualifies for Financial Assistance, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as MaineCare (Medicaid), Child Protective Services, etc. Patients must cooperate with MDIH's Financial Assistance Counselors to apply for the MaineCare or other governmental assistance programs in order to be eligible for Financial Assistance.
2. MDIH will assist the individual in determining if they are eligible for any governmental assistance, including the Health Insurance Exchange.
3. Persons eligible for programs such as MaineCare, but whose eligibility status is not established for the period during which the medical services were rendered, should be granted Financial Assistance for those services. The granting of Financial Assistance is contingent upon applying for governmental assistance. This may be prudent, especially if the particular patient requires ongoing services. Patients are required to complete MDIH's application process and a MaineCare application as well as provide necessary supporting documentation.

Patients must receive a denial from Part D regarding Self Administered Drugs prior to consideration being given for Free or sliding scale discounts.

The majority of services provided where an Advanced Beneficiary Notification is rendered will be considered elective and will be ineligible for Free Care or Sliding Scale discounts. Free Care and Sliding Scale will be considered for patients in custodial care status working with MDIH Care

Management to secure placement and for days awaiting a safe disposition and transfer.

Hospital Collection Efforts

Self-pay balances may be transferred to professional collection agencies when the accounts complete a patient statement dunning cycle (e.g., approximately 120 days) with no payment from the patient or proof of eligibility for Financial Assistance or other programs. Accounts with applications pending for Financial Assistance or other assistance programs are held until the outcome of the application. A “pending application” is defined as an application that has been fully completed by the patient, received by MDIH’s Financial Assistance area, and is in the process of being determined for eligibility.

4. It is acceptable (but not preferable) to take an account through the full collection cycle and later reclassify it as Financial Assistance, as long as a consistent process is followed and a legitimate basis is established for the patient’s inability to pay.
5. In some cases, a patient eligible for Financial Assistance may not have been identified prior to initiating external collection action. Accordingly, each collection agency engaged is aware of the policy on Financial Assistance. This allows the agency to report amounts that they have determined to be uncollectible due to the inability to pay in accordance with the Financial Assistance eligibility guidelines.
6. Collection agencies shall not, in dealing with uninsured patients at or below the MDIH’s Financial Assistance guidelines, use or threaten to use wage garnishments or liens on primary residences as a means of collecting on unpaid hospital bills.
7. When a patient's financial picture indicates that he/she has the financial resources to pay, a payment plan may be established at the patient's request; therefore, a financial application is not necessary.
8. If the patient/responsible party does not cooperate with MDIH, i.e., return of necessary documentation within 30 days of receipt of denial for missing documents, and every attempt to obtain the best resolution of the account has been made; the account may be processed for placement with a MDIH’s collection agency.

Extraordinary Collection Actions (ECAs) may be commenced as follows:

1. If any Responsible Individual(s) fail to apply for financial assistance under the Financial Assistance Program by 120 days after the first post discharge statement, and the Responsible Parties have received a statement with a Billing Deadline described as at least one statement will be mailed or provide that includes a written notice that informs the Responsible Individual(s) about the ECAs that are intended to be taken, such statement will be provided at least 30 days before the deadline, after which time MDI

Hospital or collection agency may initiate ECAs.

2. If any Responsible Individual(s) submits an incomplete application for financial assistance under the Financial Assistance Program prior to the Application Deadline, then ECAs may not be initiated until after each of the following steps has been completed:
 - a. MDI Hospital provides the Responsible Individual(s) with a written notice that describes the additional information or documentation required under the Financial Assistance Program in order to complete the application for financial assistance, which will include a copy of the Plain Language Summary.
 - b. PAS provides the Responsible Individual(s) with at least 30 days' prior written notice of the ECAs that MDI Hospital or collection agency may initiate against the Responsible Individual(s) if the Financial Assistance Program application is not completed or payment is not made; provided, however, that the Completion Deadline for payment may not be set prior to 120 days after the first post discharge statement.
 - c. If the Responsible Individual(s) who has submitted the incomplete application completes the application for financial assistance, and MDI Hospital determines definitively that the Responsible Individual(s) is ineligible for any financial assistance under the Financial Assistance Program, MDI Hospital will inform the Responsible Individual(s) in writing the denial and include a 30 days' prior written notice of the ECAs that MDI Hospital or collection agency may initiate against the Responsible Individual(s); provided, however, that the Billing Deadline may not be set prior to 120 days after the first post discharge statement.
 - d. If the Responsible Individual(s) who has submitted the incomplete application fails to complete the application by the Completion Deadline set in the notice provided pursuant to attempted contacts by phone and at least once during the billing cycle, then ECAs may be initiated.
 - e. If a Responsible Individual(s) submits an application, complete or incomplete, for financial assistance under the Financial Assistance Program at any time prior to the Application Deadline, MDI Hospital will suspend ECAs while such financial assistance application is pending.

After the commencement of ECAs is permitted after reasonable attempts to contact and notify Responsible Individual(s) of our Financial Assistance Program and collection processes, collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file judicial or legal action, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of MDI Hospital shall be required before initial lawsuits may be initiated. MDI Hospital and external collection agencies may also take any and all legal other actions including but not limited to telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical services provided.

I. Collection Agency

In some cases, a patient eligible for Financial Assistance may not have been identified prior to initiating external collection action. Accordingly, each collection agency engaged is aware of the MDIH's policy on Financial Assistance. This allows the agency to report amounts that they have determined to be uncollectible due to the inability to pay in accordance with the Financial Assistance eligibility guidelines.

On an annual basis, the Manager of Patient Financial Services reviews compliance with our third party collection vendors for compliance with required collection efforts and attesting to compliance with the IRS 501(r) requirements.

If a collection agency identifies special circumstances demonstrating a particular patient as being unable (versus unwilling) to pay their bill, their liability may be considered Financial Assistance, even if they were originally classified as a Bad Debt. The patient should be reclassified to Financial Assistance.

J. Eligibility Period:

For in-patient services deemed medically necessary these services are on a case by case basis and request for assistance must be met for each occurrence. For outpatient services, the eligibility period is six months from the date of the initial eligibility determination for those services deemed medically necessary, unless over the course of that period the patient's family income or insurance status changes to such an extent that the patient becomes ineligible. To determine any retroactive Financial Assistance coverage a patient must prove financial eligibility for all dates of service that are to be considered for charity.

K. Time Requirements for Determination:

While it is desirable to determine the amount of Financial Assistance for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility. MDIH process is to determine eligibility within 14 days of receipt of a completed application with all documents and supporting statements submitted; however, there are circumstances that may elongate the determination and eligibility process, in that case MDIH will notify the applicant of the delays and required information and data necessary to complete the determination.

L. Definition of Income:

Income will include annual cash receipts and cash benefits from all sources before taxes, as outlined by the Maine Department of Health and Human Services Office of MaineCare Services, Free Care Guidelines. Proof of earnings may be determined by annualizing pay at current earning rates. Income does not include the following:

- ☐ 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; and
- ☐ Federal non-cash benefit programs, including Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.

NOTE: Although one-time insurance payments are excluded from income, one-time insurance payments made for coverage of hospital services would limit the availability of Financial Assistance to bills not covered by such payments.

M. Denial of Financial Assistance:

All applicants denied for Financial Assistance will be provided a written and dated statement of the reasons for the denial. When the reason for denial is failure to provide required information, the applicant shall be informed that he or she may provide the necessary information, which is detailed in the letter, in order for a reconsideration to be completed. The applicant has 60 days from the date of the denial notice to provide the required information. After 60 days if the application remains incomplete, the self-pay balance is turned over to a professional collection agency. For all denial reasons, the written notice to the applicant provides information to request a fair hearing concerning the denial.

N. Appeal Process:

All Financial Assistance appeals shall be addressed to the attention of the Director Revenue Cycle. The documentation to support the appeal and the original application are reviewed to determine if the decision to deny shall be overturned based on new information or if the decision will be upheld.

Approval Matrix

The below Approval Matrix will be used to determine approval of Financial Assistance applications:

<input type="checkbox"/> CEO or designee:	Greater than \$25,000
<input type="checkbox"/> CFO:	Up to or equal to \$25,000
<input type="checkbox"/> Revenue Cycle Director:	Up to or equal to \$5,000
<input type="checkbox"/> Patient Access Manager:	Up to \$2,500
<input type="checkbox"/> Patient Financial Counselor:	Up to \$1,000.

Documentation of approval will be made by signing the “Approved by” line on the Financial Assistance form. Record of such write-offs will be maintained for seven (7) years.

Accounting for Financial Assistance

Financial Assistance write-offs are accounted for in separate Deduction from Revenue general ledger accounts. Net patient service revenue in the financial statements is exclusive of Financial Assistance.

Collection, Storage and Recordkeeping of Information

Records relating to potential Financial Assistance patients must be readily obtainable and maintained for seven (7) years. In addition, notes relating to the Financial Assistance application and approval or denial are entered on the patient’s account.

Authorization. Prior to creating, collecting, disclosing, accessing, maintaining, storing, or using any Personally Identifiable Information (PII) from Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and/or these individuals' legal representative(s) or Authorized Representative(s), Staff Member will obtain the required authorization to create, collect, disclose, access, maintain, use, or store their PII to carry out the Authorized Functions for reviewing and granting Financial Assistance. By completing, the Financial Assistance Application will permit the authorization and this may be revoked at any time. This authorization is separate and distinct from any authorization obtained for treatment or billing at MDIH. MDIH should ensure that a record of the authorization provided is maintained in a manner consistent with the privacy and security standards of protection of PII.

e. Collection of PII. PHI collected from Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and/or their legal representative(s) or Authorized Representative(s), may be used only for the Authorized Functions specifically for the determination in qualifying for Financial Assistance at MDIH. Such information may not be reused for any other purpose.

f. Storing PII. Other than documentation related to the authorization required for assessing Financial Assistance Staff Member is not expected or required to maintain or store any other PII as a result of carrying out the Authorized Functions. To the extent that Staff Member does maintain or store PII, such as documentation related to the authorization for Financial Assistance, he or she must agree to comply with all provisions that apply to the maintenance or storage of PII.

g. Ability of Consumer to Limit Collection and Use. Staff Member agrees to allow the Consumer, Applicant, Qualified Individual, Enrollee, Qualified Employee, Qualified Employer, directly or through their legal representative(s) or Authorized Representative(s), to limit Staff Member creation, collection, use, maintenance, storage, and disclosure of their PII to the sole purpose of obtaining assistance for Financial Assistance or for FFE purposes, and for performing Authorized Functions specified for those actions.

MDIH adopted privacy and security standards concerning personally identifiable information ("PII") and applicable authentication and data security standards, which are set forth in Appendix A, "Privacy and Security Standards and Implementation Specifications for Non-Exchange Entities." Compliance with this Agreement satisfies the requirement under 45 CFR 155.225(d)(3) to comply with applicable authentication and data security standards.

Public Notice and Posting

Public notice of the availability of assistance through this policy is made through each of the following means:

1. Posting notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as emergency departments, billing offices, admitting offices, and hospital outpatient service settings.
MDIH works with community service organizations to post our Plain Language Summary.
 - a. Local Libraries
 - b. Local Municipalities (within service area)
 - c. Local YMCA/YWCA
 - d. Healthy Acadia- website
2. Posting notice of the availability of assistance and contact names and phone numbers on Mount Desert Island Hospital's web site.
3. Providing uninsured patients a matrix outlining the types of financial assistance available. Upon request, a full text copy of the Financial Assistance policy should be made available.
4. Making available to the public on a reasonable basis:
 - The annual level of Financial Assistance provided.
 - The unreimbursed costs of care provided to beneficiaries of government programs that serve the poor (being defined as shortfalls between costs and offsetting reimbursement/revenue that Mount Desert Island Hospital experiences in providing care under the Medicaid and local/county indigent programs for care provided to Medicare beneficiaries who are dually eligible for Medicaid). This calculation will be performed for Amounts Generally Billed (AGB) using the Hospital has most recently accepted and filed Cost Report to calculate and validate the discounts for sliding scale.
 - FREE CARE amounts are prescriptive by regulation through Chapter 150 of the State of Maine Guidelines and are given to any qualified individual at 150% or below of the Federal Poverty Limits.
5. Posted notices (as listed above) shall be in the primary language(s) of the service area and in a manner consistent with all applicable federal and state laws and regulations.
6. Should any provision of this Policy conflict with State of Maine requirements surrounding Financial Assistance, State law shall supersede the conflicting policy provision and the facility shall act in conformance with applicable State law.

Board Governance Oversight:

These policies, procedures and exhibits are governed by the Finance Committee of the Board of Trustees of MDI Hospital. They are reviewed at a minimum annually, or as needed due to regulatory changes, operational changes or as needed for compliance.

Responsible Governing Committee: Finance Committee of the Board

Responsible Organization Leadership: President, CEO and SVP /COO-CFO

Corporate Compliance

Policy Advisory Committee

Exhibit A:

<u>Department</u>									
All Hospital Services									
<u>**MDIH Health Centers</u>		<u>** Services provided in these departments are covered.</u>							
MDIH Behavioral Health Center									
Community Health Center									
Cooper Gilmore Health Center									
Trenton Health Center									
Lisa Stewart Women's Health Center									
Cadillac Family Health Center									
MDIH Orthopedics									
MDIH General Surgery									
MDIH Urology									
<u>Excluded Departments:</u>									
Cosmetic or Elective Services									
<u>EXAMPLES OF NOT COVERED</u>									
*Consulting and Radiological Reading Services are subcontracted and not covered									
*Providers who are not employees of MDIH, such as Eden Surgical, MCMH or Ophthalmologist are not covered									
*Pathology services performed in addition to services, such as Dahl - Chase are not covered.									
*Community Dental Center (covered under separate Non Hospital-Financial Assistance Policies)									
<u>Related Practices - Under Contract - MDI Hospital does not control FAP</u>									
<u>**MDI Hospital contracts with Hancock County Radiology and Maritime Radiology for radiologist services</u>									

Exhibit B

Calendar Year 2020					
Effective 1/2020- AGB Calculation reviewed				<i>Revised 02/03/2020 ADM</i>	
	Patient Pays	Patient Pays	Patient Pays	Patient Pays	Patient Pays
	0%	0%	20%	45%	70%
# in Family	Income less than	Income less than	Income less than	Income less than	Income less than
	FPL	150%	175%	200%	250%
1	\$ 12,760	\$ 19,140	\$ 22,330	\$ 25,520	\$ 31,900
2	\$ 17,240	\$ 25,860	\$ 30,170	\$ 34,480	\$ 43,100
3	\$ 21,720	\$ 32,580	\$ 38,010	\$ 43,440	\$ 54,300
4	\$ 26,200	\$ 39,300	\$ 45,850	\$ 52,400	\$ 65,500
5	\$ 30,680	\$ 46,020	\$ 53,690	\$ 61,360	\$ 76,700
6	\$ 35,160	\$ 52,740	\$ 61,530	\$ 70,320	\$ 87,900
7	\$ 39,640	\$ 59,460	\$ 69,370	\$ 79,280	\$ 99,100
8	\$ 44,120	\$ 66,180	\$ 77,210	\$ 88,240	\$ 110,300
9	\$ 49,720	\$ 74,580	\$ 87,010	\$ 99,440	\$ 124,300
<i>For family units with more than 9 members add \$5,600.00 for each additional member.</i>					

Free Medical Care For Those Unable To Pay

2020 Family Unit Size Income Guidelines

1.....	\$19,140
2.....	\$25,860
3.....	\$32,580
4.....	\$39,300
5.....	\$46,020
6.....	\$52,740
7.....	\$59,460
8.....	\$66,180

For family units with more than 8 members add \$5,600.00 per additional member

Mount Desert Island Hospital has a Financial Assistance program for our patients. For more information please review our pamphlet on Free Care Cost Share. If you believe you may qualify for any of our Financial Assistance programs an application for Financial Assistance is required. If you have any questions and would like an application, please contact the representative below.

Financialcounselor@mdihospital.org
207-288-5082 ext. 1202

Exhibit C

MDI Hospital Payment Plan Guidelines		
Patient Liability	Maximum Repayment Terms	Minimum Monthly Payment
\$50 or less	Payment in full	Payment in full
\$51-\$100	2 months	\$40
\$101-\$300	3 months	\$55
\$301-\$600	6 months	\$75
\$601-\$1000	9 months	\$100
\$1001-\$3000	12 months	\$125
\$3001-\$6000	18 months	\$175
Over \$6000	24 Months	\$300

