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Owner **TAMMY MITCHELL**
Policy Area **Patient Access**
Applicability **Calais Community Hospital**

Financial Assistance Guidelines

CALAIS COMMUNITY HOSPITAL

POLICIES & PROCEDURES POLICY#1016

TITLE: Financial Assistance Policy

Section: Hospital-wide	Approved By:	Date:
Authors: Vicki Brown/ Lynnette Parr		
Effective Date: 07/01/2021		
Reviewed:		
Next Review Date: 07/01/2022		
References/Rationale: 10-144 C.M.R. Chapter 150 "Free Care Guidelines"; 26 C.F.R. § 1.501(r) et seq.		

PURPOSE:

Calais Community Hospital ("CCH") will ensure that no Maine resident is denied emergency or other medically necessary services sought at and provided by CCH based on the inability to pay.

POLICY:

CCH will adhere to the rules set forth by the Maine Department of Health and Human Services ("DHHS"), 10-144 C.M.R. Chapter 150, regarding Hospital Free Care Guidelines (the "Free Care Rules"). These rules

establish guidelines to be used in determining whether individuals are unable to pay for hospital services provided on or after May 10, 1997. CCH shall also comply with Section 501(r)(4)(A) of the Internal Revenue Code and implementing regulations (26 C.F.R. § 1.501(r) et seq.) by developing and implementing a financial assistance policy ("FAP").

CLASSIFICATION AND ACCESS TO CARE:

All patients presenting for unscheduled treatment will be evaluated according to the classifications included in this Section. Urgent or Emergent hospital services shall not be denied or delayed based on the Hospital's ability to identify a patient, their insurance coverage or ability to pay. However, Non-emergent or non-urgent health care services may be delayed or deferred based on the consultation with the hospital's clinical staff in those cases when the Hospital is unable to determine a payment source for its services.

The urgency of treatment associated with each patient's presenting clinical symptoms will be determined by a medical professional as determined by local standards of practice, national and state clinical standards of care, and the hospital medical staff policies and procedures.

Determination of medical urgency is made according to the following definitions:

A. EMERGENT AND URGENT SERVICES

The Hospital will provide emergent and urgent services without regard to the patient's identification, insurance coverage or ability to pay.

Emergent Services include:

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. 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,
- Inpatient transfers from another acute care hospital to hospital for the provision of inpatient care that is not otherwise available.

Urgent Services include:

Medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could

reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health.

A. NON-EMERGENT, NON-URGENT SERVICES

Non-emergent, non-urgent services can generally be sub-classified as either:

"Elective Services": Medically necessary services that do not meet the definition of Emergent or Urgent above. The patient typically, but not exclusively, schedules these services in advance.

"Other Services": Services where medical necessity has not been demonstrated to the reviewing clinician.

"Post-Acute Care": Medically necessary services provided at a hospital that is classified as post-acute care including rehabilitation services.

The Hospital may decline to provide a patient with non-emergent, non-urgent services in those cases when the Hospital is not successful in determining that payment will be made for its services. Services that are determined to be non-medically necessary may be deferred indefinitely until suitable payment arrangements can be made. These include, but are not limited to: cosmetic surgery; social, educational, and vocational services;

FREE CARE STATEMENT:

CCH will grant Free Care services to applicants who provide the required documentation and have income at or below 200% of the Federal Poverty Level and meet the other requirements of this Policy.

PROCEDURE:

A. Definitions:

1.) Covered services: Emergency, urgent, and non-emergent and non-urgent medically necessary services that are reasonable and necessary for diagnosis or treatment of a medical condition and are prescribed by a licensed provider. Examples of services that are not medically necessary are cosmetic procedures. If a patient's insurance or government health coverage deems the service not medically necessary, then CCH will also consider the service not medically necessary.

2.) Maine Resident: An individual living in the state voluntarily with the intention of making a home in Maine, who meet the state definition of a Maine resident. An individual who is visiting or is in Maine temporarily is not a resident.

3.) Family: This term shall have the meaning given to "Family" under the Free Care Rules.

4.) Income: This term shall have the meaning given to "Income" under the Free Care Rules.

5.) Services covered / non-covered: List of Providers and/or services and their covered status by the financial assistance policy is included in Attachment A.

B. Basis for Calculating Amounts Billed to FAP-Eligible Patients: The hospital has adopted a "prospective method" of calculating Amounts Generally Billed (AGB) charges to FAP eligible patients pursuant to 26 C.F.R. § 1.501(r)-5(b)(4). CCH shall determine AGB by using the billing and coding process CCH would use if the FAP-eligible individual were a Medicare beneficiary and setting AGB for the care at the amount CCH determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) CCH will use its most current payment rate letter received my NGS to determine the applicable AGB amount for FAP-eligible patients which is attached to this policy.

At no time, will a FAP eligible individual be charged more for emergency or other medically

necessary care than the lower of AGB or gross charges. For purposes of this Section, "charged" means the amount the individual is personally responsible for paying, after all deductions, discounts (including discounts available under the FAP), and insurance reimbursements have been applied.

C. Notification: The FAP will be made available to the public by utilizing the following methods:

1.) Website: The FAP and plain language FAP will be posted and made freely available on the calaishospital.org website without requiring special computer hardware or software, without needing to pay a fee, and without needing to create an account or otherwise be required to provide individually identifiable information.

2.) Posted Notice: The FAP and plain language FAP will be posted in locations within the hospital at which members of the public generally transact business with the hospital or present themselves to receive or request hospital services, including, at a minimum, the emergency department and admissions areas. In addition, such posted notices will include the following information:

- a. CCH offers financial assistance under a FAP;
- b. How or where to obtain more information about the FAP and FAP application process; and
- c. How or where to obtain copies of the FAP, FAP application form, and plain language summary of the FAP.

3.) Availability of Copies: Additionally, paper copies of the FAP, the FAP application form, and plain language summary of the FAP will be made available upon request and without charge, both by mail and in public locations within CCH, including, at a minimum, in the emergency department and admissions areas.

4.) Individual Notice:

- a. The FAP and plain language summary of the FAP will be provided with each inpatient admission. The financial assistance notification will accompany the original bill to patients without insurance coverage.
- b. At time of outpatient registration a plain language summary of the FAP will be offered to each patient.
- c. A conspicuous written notice on billing statements will be included and state the following:
 - i. CCH offers financial assistance under a FAP;
 - ii. How or where to obtain more information about the FAP and FAP application process, and how or where to obtain copies of the FAP, FAP application form, and plain language summary of the FAP;
 - iii. A telephone number of the CCH office or department that can provide information about the FAP and application process; and
 - iv. The website address where copies of the FAP, FAP application form, and plain language summary of the FAP may be obtained.

5.) Communication of Notice: CCH shall make reasonable efforts to communicate the FAP and plain language FAP contents of the written notice to persons it has reason to believe cannot read the notice.

CCH shall make translations of the FAP, FAP application, and plain language summary of the FAP into the primary language spoken of a population that has limited English proficiency if that group constitutes the lesser of (i) 1,000 individuals, or (ii) 5% of the community served by CCH or the population likely to be affected or encountered by CCH.

6.) Community Notice: Annually, CCH will provide a plain language FAP notice in the local papers or communication vehicles that will reach the community members in need of financial assistance. Such notice will inform the community that CCH offers financial assistance under a FAP and where to obtain more information about the FAP and application process and to obtain copies of the FAP, FAP application form, and plain language summary of the FAP.

D. Free care service application:

- A. **Availability:** CCH shall provide an opportunity for each person seeking financial assistance according to this FAP to make application on forms provided by CCH. Application forms are available in the hospital Business Office Monday through Friday from 8:00 am until 4:30 pm except holidays, hospital, and physician office registration areas, and as provided under Section C, or by contacting Patient Financial Services at #207-454-9351.
- B. **Content:** CCH may require an applicant to furnish any information that is reasonably necessary to substantiate the applicant's income or the fact that the individual is not covered by insurance or eligible for coverage by state or federal programs of medical assistance. List of required documents for a complete application are:
- a. Fully completed and signed application
 - b. Proof of all sources of income
 - c. MaineCare denial, if applicable
 - d. Signed IRS form 4560-T, if requested
- C. **Receipt of Application:** An application is considered received when it is received and is completed, dated, signed and is accompanied with supporting documentation of the applicant's income and family size. Completed applications for financial assistance must be received within 240 days of the first post-discharge billing statement. CCH must make a determination and send notification of the determination to patients within 30 days of the receipt of a completed application. CCH will take the following actions for the following application statuses:
1. Completed application: If a completed application is received within the required time frame, CCH will suspend any collection efforts relating to that account until a determination has been made. See Billing and Collections Policy (Policy # 9821123) for more information.
 2. Incomplete application: If an incomplete application is received, CCH will suspend any external collection efforts and inform the individual how to complete the application. The completed application must be received within the time frames listed above. If no application is submitted, the hospital may proceed with ECAs as provided under the Billing and Collections Policy.

E. Determination:

- A. **Methods:** Eligible persons are eligible for financial assistance according to the following schedule:
- Discounts of 100% on gross charges, known as "free care", are available for individual or family income at or below 200% of the most current Federal Poverty Level.
 1. The applicant's income is not more than the current applicable Federal Poverty Level income guidelines as calculated by either of the following methods. Income sources are defined by the Division of Licensing and Regulatory Services, Free Care Guidelines, 10-144 C.M.R Ch. 150; Section 1.02 of the attached.
 - To qualify for financial assistance, the applicant(s) must meet all of the following conditions:
 - Multiplying by four the person's family income in the three months preceding the determination of eligibility; or
 - Using the person's actual family income for the 12 months preceding the determination of eligibility.
 - ii. The applicant is not covered by insurance and is not eligible for coverage by state or federal programs of medical assistance; and
 - iii. The services rendered are medically necessary; orIf CCH determines that the applicant meets the income guidelines but is covered by insurance or by state or federal programs of medical assistance: Under this circumstance, any amounts remaining due after payment by the insurer or medical assistance program shall be considered for financial assistance.
- B. **Validity:** If an eligible individual is considered eligible for financial assistance, this determination is valid for a period of 12 months for outpatient services unless CCH has reason to believe that the eligible individual's income or family size and income has changed. CCH may ask the eligible individual to reapply during the 12 months when that person requests financial assistance.
A determination of qualification for inpatient services shall be made with each inpatient admission with a new, completed application.
- C. **Deferral:** A determination of qualification for an applicant may be deferred up to 60 days from the date of the notice of deferral sent to the applicant for the purpose of requiring an applicant to obtain the present evidence of ineligibility for medical assistance programs or to verify that the services in question are not covered by insurance under the following conditions:
1. If the applicant meets the income requirements and is not covered under any state or federal program of medical assistance, a determination of qualification for financial assistance shall be deferred if the applicant meets any of the following criteria:
 - A. age 65 or older.
 - B. blind.
 - C. disabled.
 - D. the applicant is a member of a family in which a child is deprived of parental support or care

due to one of the following causes:

(i) death of a parent.

(ii) continued absence of parent(s) from the home due to incarceration in a penal institution, confinement in a general, chronic, or specialized medical institution, deportation to a foreign country, divorce, desertion or mutual separation of parents, or unwed parenthood.

(iii) disability of a parent; or

(iv) unemployment of a parent who is the principal wage earner.

b) If the applicant does not meet the criteria under a) above and CCH is unable to determine the coverage of the applicant, CCH may defer the determination when it has a reasonable basis for believing that the individual may be covered by insurance or may be eligible for federal or state assistance programs.

4.) Notification of application status: Within 30 days of the receipt of a completed application CCH will communicate the application status according to the following guidelines:

1. **Favorable Determination:** CCH shall notify the applicant in writing when a determination is favorable, and the notice shall contain at minimum the following:

A. Level of financial assistance received and the date of determination.

B. The account number and date on which services were provided or the date that services are anticipated to be provided.

b. Denial: CCH shall notify the applicant in writing when a denied application has been received and the notice shall contain at a minimum the following:

A written and dated letter of the reasons for denial. When the reason for denial is failure to provide required information after a 60 day deferral period under Subsection E(3) above, the applicant shall be informed that they may reapply for financial assistance if the required information can be furnished to CCH. The letter must state (i) that the applicant has a right to a hearing, (ii) how to obtain a hearing, and (iii) the name and phone number of the person who should be contacted, should the applicant have questions regarding the notice.

c. Notification of Deferral

A. When an application for financial assistance is deferred under Subsection E(3)(a) above, the applicant will be notified of the deferral. The notification must include the following statement: A free care determination has not yet been made. There is reason to believe that you [the applicant] may be eligible for coverage by state or federal medical assistance programs. If you can show that you are not eligible for coverage by these programs within 60 days of the date of this notice by obtaining a letter or other statement from _____ [insert name of state or federal agency to which applicant has been referred], then you will be considered qualified for financial assistance at the level (to be determined). Even if you are eligible for coverage, financial assistance will be available for any portions of the bill(s) that medical assistance programs (or any insurance that you have) will not pay.

B. When an application for free care is deferred under Subsection E(3)(b) above, the applicant will be notified of the reason for deferral, including the basis of CCH's belief that coverage or eligibility may exist and the nature of the evidence that should be provided to complete the determination. The notice shall be substantially the same as the notice under Subsection E(4)(c)(1) above, and the last sentence of the above notice must be used.

d. **Other Reasons for Denial:** CCH may deny eligibility for Free Care when CCH has strong reason to believe that the applicant failed to comply with provisions of their health care insurance coverage when coverage for services does exist. Examples of this would include failure to answer their insurance company's questions, failure to complete a claim form, failure to obtain a referral or adhere to policy provisions and when a Mainecare Managed Care patient is denied a referral by their primary care physician. CCH cannot deny financial

e. assistance due to applicant's failure to provide information or documentation not specified in this FAP or the application form. CCH will use reasonable efforts to determine whether individual is eligible under the FAP before using any extraordinary collection efforts. Please refer to CCH policy #9821123 Billing and Collections.

F. Billing

Based on the financial assistance level approved, an eligible individual will not be billed for services, or any amount not paid by an insurer or medical assistance program if that person has been determined qualified for financial assistance.

G. Reporting and Record Keeping

- A. CCH shall maintain records of the amount of financial assistance provided to eligible individuals for a minimum of seven years in accordance with the Free Care Rules.
- B. CCH shall submit reports to DHHS regarding Free Care in accordance with the Free Care Rules.
- C. CCH shall file and maintain a current copy of its Financial Assistance Policy with DHHS as required.

H. Fair Hearing

Any applicant (or their representative) who is aggrieved by CCH's action that denies the request for Free Care may request an Administrative Hearing with DHHS within 60 days of the date of the written notification of denial to the applicant. Requests must be made by the applicant or their representative to DHHS, Administrative Hearings Unit, 11 State House Station, Augusta, ME 04333.

1. Billing and Collections Policy

A copy of the Billing and Collections Policy will be provided to members of the public upon request and without charge. Requests may be made to the Business Office, Monday through Friday, 8:00am – 4:30pm, except holidays, by calling Patient Financial Services at #207-454-9351

J. Provision of Emergency Medical Care

Notwithstanding anything to the contrary in this Policy, CCH shall provide care for emergency medical conditions, without discrimination and without regard as to whether an individual is FAP-eligible, as required under the Emergency Medical Treatment and Active Labor Act ("EMTALA"), 42 U.S.C. § 1395dd, and implementing regulations at 42 C.F.R. § 489.24, as more fully described in CCH's EMTALA Policy (Policy # 1001188). CCH shall not engage in activities that discourage individuals from seeking emergency medical care at CCH, such as demanding that emergency department 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.

K. Reference

See 10-144 C.M.R. Chapter 150 "Free Care Guidelines"; 26 C.F.R. § 1.501(r) et seq.

Calais Community Hospital (CCH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language. CCH does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

Calais Community Hospital

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact the Hospital at 207-454-9351.

If you believe that Calais Community Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Officer at 207-255-0272, email ktheriault@DECH.org or fax to 207-255-0214. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English Translation: You have the right to an interpreter at no cost to you. Please point to your language

CCH Financial Assistance Policy Attachment A CALAIS COMMUNITY HOSPITAL, NPI 1922001049

Alley	Justin	1356601843	CRNA
Amin	Adrian	1467773630	DO
Boots	Tamara	1801024039	DO
Buydos	Sarah	1366936693	APRN
Cooper	Riley	1457692980	DO
Davis	Cody	1629463674	DO

Egan	Kieran	1396270062	DO
Evans	Jonathan	1568460640	MD
Gilboy	John	1093210171	MD
Gorman	Stephen	1811931876	DO
Harris	Halie	1134775141	PA-C
Heniser	Michael	1457382251	DO
Hooge	John	1366701864	MD
Irving	Harry	1255485918	DO
Jaeger	Michael	1194189753	MD
Judkins	Jeremiah	1972723104	MD
Kerr	Matthew	1790224228	DO
Libby	Kathryn	1689109423	MD
Mellow	Thomas	1003846361	MD
Minhas	Shamano	1942650809	MD
Moore	Meagan	1154596997	MD
Morillo	Marisela	1508168279	CRNA
Nasir	Shahid	1811904238	MD
Olumuyiwa	Olukunle	1316502651	CRNA
Palmiteri	Jennifer	1649430893	MD
Pelletier	Scott	1881914513	MD
Pluto	Luke	1851350854	MD
Pozzessere	Nicholas	1336586452	DO
Reddy	Challa	1144228073	MD
Reynolds	Joshua	1285029603	MD
Sachet	Michele	1114458288	MD
Salazar	Carlos	1407261456	CRNA
Schneider	Paul	1154585867	CRNA
Serafini	Sarah	1285846253	MD
Springer	Gina	1619203528	CRNA
Stanhiser	Daniel	1619940111	MD
Stroud	Robert	1831137181	CRNA
Valiquet	Justin	1881032613	DO
Vroman	Alisa	1689804205	CRNA
Waldron	William	1073500633	CRNA

Walsh	Kathryn	1518195635	CRNA
Yawak	Jason	1598868747	MD
CALAIS COMMUNITY PROVIDER PRACTICES, NPI 1134200702			
Incannella	Elizabeth	1275145393	FNP-C
Kaplan	Joann	1730141292	MD
Moghaddas	Nima	1376625426	DPM
Munro	Shannon	1295828499	FNP-C
Russell	Jacqueline	1730742107	DO
CALAIS COMMUNITY SPECIALTY SERVICES	NPI	1205259736	
Crawford	Wendy	1811962988	MD
Crosslin	Thomas	1376779934	MD
Doss	Michael	1639481765	DPM
Mau	Elaine	1770925877	MD
Serafini	Mario	1225097397	DO
NON-COVERED SERVICES AND PROVIDERS:			
NORTHEAST CARDIOLOGY			
DAHL CHASE PATHOLOGY			
VIRTUAL RADIOLOGIC - VRAD			

Attachment B

Financial Assistance Program

Free Care Guidelines

Notice: Free medical care for those who cannot afford to pay.

Free care is available to Maine residents with incomes at or less than two hundred percent (200%) of the federal poverty level (FPL).

Size of family unit & income guidelines:

Size of family unit & income guidelines

200% FPL 100% discount

1 \$31,300.00

2 \$42,300.00

3 \$53,300.00

4 \$64,300.00

5 \$75,300.00

6 \$86,300.00

7 \$97,300.00

8 \$108,300.00

For each extra

family member add:\$11,000.00

Individuals can apply for free care at the Calais Community Hospital Patient Financial Services department.

Applicants will be asked if there is existing insurance coverage of any kind to help pay for care. Applicants will also be asked to provide that insurance or a government program (MaineCare) will not pay for your care.

Only medically necessary care qualifies for free medical care.

Applicants that fail to qualify for free care, will be allowed to ask for a fair hearing. Information will be provided to apply for a fair hearing.

Division of Licensing and Regulatory Services

FREE CARE GUIDELINES

10-144 C.M.R. Ch. 150

Effective Date: July 1, 2007

New contact information as of

September 27, 2010

This replaces contact information found in specific sections of these guidelines.

Maine Department of Health and Human Services

Division of Licensing and Regulatory Services

11 State House Station, 41 Anthony Ave

Augusta, ME 04333-0011

(207) 287-9300

Contact person: Larry Carbonneau

1-800-791-4080

TDD 1-800-606-0215

Fax (207) 287-5807

E-Mail: DLRS.info@maine.gov



- **References/Rationale:**
- **10-144 C.M.R. Chapter 150 "Free Care Guidelines"; 26 C.F.R S1.501(r) et seq.**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MAINECARE SERVICES

Attachments

[image21.jpeg](#)

[image22.jpeg](#)

Approval Signatures

Step Description	Approver	Date
	TIANA LOLA: Patient Access Supervisor	Pending
	TAMMY MITCHELL	08/2025

Applicability

Calais Community Hospital