



Title: Financial Assistance Policy	Effective Date: 7/10/2015
Document Owner: Jonathan Binder	
Approver(s):Professional Advisory Group	

I. Policy:

It is the policy of HomeCare Maryland (HCM) to adhere to our obligation to the communities we serve to provide medically necessary care to individuals who do not have the resources to pay for medical care and are not qualified for financial assistance from state, county or federal agencies, including those who are uninsured, underinsured, or determined to be medically indigent. Services will be provided without discrimination on the grounds of race, color, sex, national origin or creed.

Each year, HCM will establish estimates of the amount of charity care the agency intends to achieve at a minimum, based on the most recent available statewide average percentage of "Total Dollar Value Provided to Charity Clients" to "Total Cost, All Visits" as provided by the Maryland Health Care Commission.

Any patient seeking urgent or emergent care at HCM will be treated without regard to a patient's ability to pay for care. HCM will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

II. Purpose:

This Financial Assistance policy describes the options for patients who qualify for financial assistance, either as a result of medical debt or medical hardship. This policy is designed to assist individuals who qualify for less than full coverage under federal Medical Assistance, and state or local programs, but whose patient balances exceed their own ability to pay. In addition, this policy outlines the guidelines to be used in completion of the financial assistance application process. HomeCare Maryland will use a number of methods to communicate the policy such as signage, notices to individuals, an annual ad in the local newspaper, and the website.



This policy may not be materially changed without the approval of Professional Advisory Group (“PAG”).

Furthermore, this policy must be reviewed and re-approved at least every two (2) years.

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III. Definitions

- A. Household Income: All wages and salaries of immediate family members within the household before deductions. Unearned income such as social security, veteran’s benefits, unemployment and workers compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest and dividends or other regular support will also be included. Retirement benefits are excluded from household income.
- B. Immediate family:
 - 1. If patient is a minor- mother, father, unmarried minor siblings, natural, step, or adopted, residing in the same household.
 - 2. If patient is an adult – spouse, natural, step or adopted unmarried minor children, or any guardianship living in the same household.
- C. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered up to 375% of the current poverty guidelines published in the Federal Register. (See Exhibit A.) The first \$10,000 of monetary assets is excluded.
- D. Medical debt: out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital as defined under Maryland Code, Title 10, Subtitle 37.10.26 – *Patient Rights and Obligations – Hospital Credit and Collection and Financial Assistance Policies*.
- E. Financial Hardship: means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income.

IV. Patient Education and Outreach:

- A. Request for charity or reduced fee arrangements must be made prior to service being rendered. To request charity or reduced fee arrangements, the patient must complete a Financial Assistance Application available (see Exhibit B) from an HCM representative.
- B. HCM will clearly post signage in English and Spanish to advise patients of the availability of financial assistance. Staff members will communicate the contents of signs to people who do not appear able to read. Signage will be posted in conspicuous places throughout the main and branch offices, including each registration area and the billing

department, informing patients of their right to apply for financial assistance. Inquiries are directed to HCM's social worker at (410) 566-5015.

- C. Individual notice of the availability of charity care, the potential for Medicaid eligibility and the availability of assistance from other government funded programs shall be provided to each person who seeks services in HCM at the time of admission.
- D. An individual from HCM will be available to assist the patient, the patient's family, or the patient's authorized representative in order to understand:
 - 1. The patient's bill;
 - 2. The patient's rights and obligations with respect to the bill;
 - 3. How to apply for free and reduced-cost care;
 - 4. How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill.
- E. HCM will provide to the patient:
 - 1. Contact information and options for applying for the Maryland Medical Assistance Program.
 - 2. A description of the patient's rights and obligations regarding billing and collection practices under law.
 - 3. An explanation that all physician charges are not included in the bill and is billed separately.
- F. The information sheet shall be provided to the patient, the patient's family, or the patient's authorized representative:
 - 1. Before discharge;
 - 2. With the bill; and
 - 3. Upon request.

V. General Eligibility Criteria:

- A. HCM will use the following general criteria to determine patient eligibility for Financial Assistance. All applications will be assessed using a consistent methodology.
- B. The methodology will consider income, family size, and available resources.
- C. HCM will utilize the Income Scale for HCM Financial Assistance (See Exhibit A) which is based on the 2013 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty/index.cfm>) to determine financial assistance eligibility.
- D. HCM will utilize the Maryland State Uniform Financial Assistance Application (Exhibit B).
- E. Non-United States citizens are not covered for financial assistance under this program
- F. Applicants who meet eligibility criteria for Medicaid must apply and be determined ineligible prior to Financial Assistance consideration.

VI. Specific Eligibility Criteria:

The following specific criteria will be used to determine a patient's eligibility for Financial Assistance:

- A. All available financial resources shall be evaluated before determining financial assistance eligibility. HCM will consider financial resources not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g., the parent of a minor child or a patient's spouse.) The patient/guarantor shall be required to provide information and verification of ineligibility for benefits available from insurance (i.e., individual and/or group coverage), Medicare, Medicaid, workers, compensation, third-party liability (e.g., automobile accidents or personal injuries) and other programs. Patients with health spending accounts (HSAs), formerly known as medical spending accounts (MSAs), are considered to have insurance; the amount that the patient has on deposit in the HSA is to be considered insurance and not eligible for any discount.

Note: The term patient/guarantor sometimes is used subsequently in this document to refer collectively to the patient as well as any such other person(s) having legal responsibility for the patient.

- B. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications. Assessment forms shall provide documentation of all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor, including the following evidence of:
1. Income from wages
 2. Income from self-employment
 3. Alimony
 4. Child support
 5. Military family-allotments
 6. Public assistance
 7. Pension
 8. Social Security
 9. Strike benefits
 10. Unemployment compensation
 11. Workers compensation
 12. Veterans benefits
 13. Other sources, such as income and dividends, interest or rental property

- C. The patient/guarantor shall provide demographic information for the patient/guarantor. The patient/guarantor shall provide information about family members and/or dependents residing with the patient/guarantor, including the following information for all:
1. Name, address, phone number (both work and home)
 2. Age
 3. Relationship
- D. In evaluating the financial ability of a patient/guarantor to pay for health care services, questions may arise as to the patient/guarantor's legal responsibility for purported dependents. While legal responsibility for another person is a question of state law (and may be subject to Medicaid restrictions), the patient/guarantor's most recent-filed federal income tax form shall be relied upon to determine whether an individual should be considered a dependent. The patient/guarantor shall provide employment information for the patient/guarantor as well as any others for whom the guarantor is legally obligated in regard to the well-being of the patient. Such information shall identify the length of service with the current employer, contact information to verify employment and the individual's job title.
- E. Maryland law requires identifying whether a patient has incurred a financial hardship. A financial hardship means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income. Medical debt is defined as out of pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs billed by HCM.
- F. If a patient has received reduced cost medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced cost medically necessary care when seeking subsequent care at HCM during the 12 month period beginning on the date on which the reduced cost medically necessary care was initially received. It is the responsibility of the patient to inform HCM of their existing eligibility under a medical hardship for 12 months.
- G. In cases where a patient's amount of reduced cost care may be calculated using more than one of the above, the amount which best favors the patient shall be used.
- H. Determination of probable eligibility for financial assistance will be made within two business days after initial submission of the Financial Assistance Application. Patients/guarantors shall be notified when HCM determines the amount of financial assistance eligibility related to services provided by HCM. Patients/guarantors shall be

advised that such eligibility does not include services provided by non-HCM employees or other independent contractors (e.g., private, physicians, physician practices, anesthesiologists, radiologists, pathologists, etc., depending on the circumstances.) The patient/guarantor shall be informed that the financial assistance eligibility will apply to service rendered for 90 days after approval. Patient financial records shall be flagged to indicate the charge for future services shall be written off in accordance with the financial assistance determination. Patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation shall be given for the determination provided. Patients/guarantors shall be informed of the mechanism for them to request a reconsideration of the denial of free or reduced care (see Item VIII Appeals.) A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.

- I. If the household size and income are between 101% and 150% of the Federal Government Poverty guidelines, the patient will be eligible for a sliding fee schedule. If the household size and income are between 101% and 125% of the Federal Government Poverty guidelines, the patient will be responsible for 50% of the patient responsibility after insurance payments. If the household size and income are between 126% and 150% of the Federal Government Poverty guidelines, the patient will be responsible for 75% of the patient responsibility after insurance payments.
- J. Extended payment plans are available for patients whose household sizes and incomes are less than 200% of the Federal Government Poverty guidelines. Patient will be allowed up to twelve months under this plan. Outstanding charges will either be subdivided evenly over the requested period or regular payments will be made under a specific payment plan requested by the patient. HCM will make every effort to accommodate the patient's abilities to make payment.

VII. Medical Indigence

The decision about a patient's medical indigence is fundamentally determined by HCM without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to neonatal care, open-heart surgery, cancer, long and/or intensive care, etc., within the context of medical necessity. Such patients may have a reasonable level of income but a low level of liquid assets and the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

HCM Financial Assistance Committee will make a subjective decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for financial assistance on the basis of medical indigence. HCM will obtain and/or develop documentation to support the medical indigence of the patient. The following are examples of documentation that shall be reviewed:

1. Copies of all patient/guarantor medical bills;
2. Information related to patient/guarantor drug costs;
3. Multiple instances of high dollar patient/guarantor co-pays, deductibles, etc.
4. Other evidence of high-dollar amounts related to the healthcare costs.
5. No material applicable insurance;
6. No material usable liquid asset;
7. Significant and/or catastrophic medical bills.

In most cases, the patient shall be expected to pay some amount of the medical bill but HCM Financial Assistance Committee will not determine the amount for which the patient shall be responsible based solely on the income level of the patient.

VIII. Presumptive Financial Assistance Eligibility

Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs, etc.). HCM will grant 100% financial assistance discounts to patients determined to have presumptive financial assistance eligibility. HCM will internally document any and all recommendations to provide presumptive financial assistance discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

1. To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
2. For instances in which a patient is not able to complete an application for financial assistance, HCM will grant a 100% financial assistance discount without a formal request, based on presumptive circumstances, approved by the appropriate member of leadership.
3. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals shall be considered financial assistance and shall be considered as qualifying such patients on the basis of presumptive

eligibility. The following are examples of patient situations that reasonably assist in the determination of presumptive eligibility:

- a. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
- b. Patient is homeless and/or has received care from a homeless clinic.
- c. Patient family is eligible for and is receiving food stamps.
- d. Patient's family is eligible for and is participating in subsidized school lunch programs.
- e. Patient qualifies for other state or local assistance programs that are unfounded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down.)
- f. Family or friends of a patient have provided information establishing the patient's inability to pay.
- g. The patient's street address and documentation evidencing status in an affordable or subsidized housing development.
- h. Patient/guarantor's wages are insufficient for garnishment, as defined by state law.
- i. Patient is deceased, with no known estate.

VIII. Appeals

Patient/guarantors shall be informed of their right to appeal any decision regarding their eligibility for financial assistance. An appeal letter, including any additional information that may be applicable, will be reviewed by **the Executive Director**. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient.

IX. Refunds

HCM shall provide a refund of amounts exceeding \$25.00 collected from a patient or guarantor of a patient who, within a 2 year period after the date of service, was found to be eligible for free care on the date of service.

If a patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket for services, all overpayments will be refunded.



Exhibit A
Income Scale for HCM Financial Assistance
Based on 2015 Federal Poverty Guidelines (A)

Financial Assistance		100%	75%	50%	25%
		Income Multiple			
Persons in Family/Household	Income	300%	325%	350%	375%
1	\$11,770	\$35,310	\$38,253	\$41,195	\$44,138
2	\$15,930	\$47,790	\$51,773	\$55,755	\$59,738
3	\$20,090	\$60,270	\$65,293	\$70,315	\$75,338
4	\$24,250	\$72,750	\$78,813	\$84,875	\$90,938
5	\$28,410	\$85,230	\$92,333	\$99,435	\$106,538
6	\$32,570	\$97,710	\$105,853	\$113,995	\$122,138
7	\$36,730	\$110,190	\$119,373	\$128,555	\$137,738
8	\$40,890	\$122,670	\$132,893	\$143,115	\$153,338

**For families/households with more than 8 persons, add \$4,160
for each additional person**

(A) Source: Federal Register, 80FR3236, January 22, 2015, Document Number: 2015-01120, pages 3236-3237

To update, see <http://aspe.hhs.gov/poverty/index.cfm>



Exhibit B: Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number ____-____-____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____ Phone _____

City State Zip code Country _____

Employer Name _____ Phone _____

Work Address _____

City State Zip code

Household members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No



I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____

HomeCare

Maryland, LLC

Total _____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that HCM extend additional financial assistance, HCM may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify HCM of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient