

HOULTON REGIONAL HOSPITAL

Policy Title: Sliding Fee Discount Program Policy

Update: February 26, 2025

Purpose: To make free or discounted services available to those in need.

Policy: All patients seeking health care services at Houlton Regional Hospital (HRH) are assured they will be served regardless of their ability to pay. No one is refused essential services because of a lack of financial means to pay. This program is designed to provide free or discounted care to those with no means or limited means to pay for their medical services (uninsured or underinsured). HRH will offer a Sliding Fee Discount Program to those who cannot afford their services. HRH will base program eligibility on a person's ability to pay and will not discriminate based on an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, ability to pay, or whether payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

The Federal Poverty Guidelines are used to create and update the sliding fee schedule annually to determine eligibility.

Procedure:

The following guidelines are to be followed when providing the Sliding Fee Discount Program to HRH patients.

1. Notification: HRH will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure will be available to all patients during service.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
 - HRH collection notices will include information on how to obtain a Sliding Fee Discount Program application.
 - An explanation of our Sliding Fee Discount Program and our application form are available on HRH's website.
 - HRH places the Sliding Fee Discount Program notification in the clinic waiting area.
2. Request for discount: Patients, family members, social services staff, or others aware of financial hardship may request discounted services. Information and forms can be obtained from the front desk and the business office.
3. Administration: The patient financial counselors will administer the Sliding Fee Discount Program procedure through the self-pay bill department. Patients will be provided with

information about the policy, procedure, and application process, and HRH staff will offer assistance in completing the application. Dignity and confidentiality will be respected for all who seek and/or are provided with health care services.

4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist the patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons confirm their income with HRH as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only. We will also assist patients in applying for Medicaid/health insurance, and we do not do asset testing to qualify them for the sliding fee discount program.

a. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family. HRH will also accept non-related household members when calculating family size.

b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

6. Income verification: Applicants may provide one of the following: a prior year W-2, two most recent pay stubs, a letter from the employer, or Form 4506-T (if the W-2 has not been filed). Self-employed individuals will be required to submit details of the business's most recent three months of income and expenses. Adequate information must be made available to determine eligibility for the program.

7. Discounts: Those with incomes at or below 125 percent of the poverty guideline will receive a full 100 percent discount for essential health care services. Those with incomes above 125 percent of the poverty guideline but at or below 300 percent of the poverty guideline will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated with the latest Federal Poverty Line Guidelines during the first quarter of every calendar year.

8. Nominal Fee: Patients with incomes above 125 percent of the poverty guideline but at or below 300 percent poverty will be charged a nominal fee according to the attached sliding fee schedule based on their family size and income. However, patients will not be denied essential services due to an inability to pay. The nominal fee is not a threshold for receiving care and, thus, is not a minimum fee or co-payment.

9. Waiving of Charges: In certain situations, patients may be unable to pay the nominal or discount fee. Any waiver of charges must be approved by HRH's Chief Financial Officer or authorized official. It should be documented in the patient's file along with an explanation.

10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of the Sliding Fee Discount Program they qualify for, if applicable, or if their income does not meet the guideline criteria the reason for denial will be given. If the application is approved for less than a 100 percent discount or denied, HRH will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for three months prior to the application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly.

The applicant can reapply after the 12 months have expired or when family income has significantly changed. When the applicant reapplies, the lookback period will be less than six months or the expiration of their last Sliding Fee Discount Program application.

11. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, they will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount application will be sent with the notice. If the patient does not try to pay or fails to respond within 60 days, this constitutes a refusal to pay. At this point, HRH can explore options not limited to but including offering the patient a payment plan, waiving charges, or referring the patient to collections.

12. Record keeping: To preserve the dignity of those receiving free or discounted care, information related to Sliding Fee Discount Program decisions will be maintained in a centralized confidential file in the office of the patient financial counselors.

a. Applicants who have been approved for the Sliding Fee Discount Program will be logged in HRH's practice management system, along with their dates of coverage and coverage percentage.

b. Patient financial counselors will maintain a monthly log identifying Sliding Fee Discount Program recipients and discount percentages they qualify for. They will also log denials and applications that are not returned.

13. Policy and procedure review: The Sliding Fee Schedule will be updated based on the Federal Poverty Guidelines. HRH will also review possible changes in our policy and procedures and examine institutional practices that may serve as barriers preventing eligible patients from having access to our community care provisions.

14. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

15. Filing of Policy: The policy will be filed with the Department of Health and Human Services:

- HRH's Patient Financial Supervisor shall ensure that copies of the following documents are filed and maintained with the Maine Department of Health and Human Services:
 - (a) The current version of this Policy; and
 - (b) The current version of the Posted Notice of Availability of Financial Assistance (**Attachments A and B**).
- The above documents will mail to:

**Rate Setting Unit
Office of Operations and Support
Department of HHS
Services 11 State House Station
Augusta, ME 04330-001**

Lynette McLaughlin, Board Chair

Date

Adele King, Chief Financial Officer

Date

Effective: Feb 2025

ATTACHMENTS:

A. 2025 Sliding Fee Schedule

B. Patient Application for the Sliding Fee Discount



Attachment A

Notice

Free Medical Care for Those Unable to Pay for Services Provided

We provide free care to Maine residents with incomes less than one hundred twenty-five percent (125%) of the Federal Poverty Level (FPL) and reduced care to those from one hundred and fifty percent (150%) to three hundred percent (300%) FPL which for 2025 is as follows:

If your income is in one of these columns:							
Family Size	2025 HRH Income Guidelines	0%	20%	40%	60%	80%	2025 HRH Federal Poverty Guidelines
1	19,563	19,563	23,475	31,300	39,125	46,950	15,650
2	26,438	26,438	31,725	42,300	52,875	63,450	21,150
3	33,313	33,313	39,975	53,300	66,625	79,950	26,650
4	40,188	40,188	48,225	64,300	80,375	96,450	32,150
5	47,063	47,063	56,475	75,300	94,125	112,950	37,650
6	53,938	53,938	64,725	86,300	107,875	129,450	43,150
7	60,813	60,813	72,975	97,300	121,625	145,950	48,650
8	67,688	67,688	81,225	108,300	135,375	162,450	54,150
	Federal Poverty	125%	150%	200%	250%	300%	

While the applicant is not required to apply for insurance, if the applicant has insurance, we will bill the insurance first, and any remaining portions will be subject to the approved sliding fee level.

Only necessary medical care is given as free or reduced care.

If you do not qualify for free or reduced hospital care, you can ask for a fair hearing.

Ask us, and we will explain how to apply for a fair hearing.

Revised: February 26, 2025

This chart will be updated within the first quarter of each calendar year to match new federal poverty guidelines.



Attachment B

**Houlton Regional Hospital
20 Hartford Street
Houlton, Maine
04730 207-521-2619**

Application for Financial Assistance and Sliding Scale Programs for the Hospital and related Rural Health Centers

Applicant Information			
Applicant Name:			
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Initial)</i>	
Applicant Address:			
<i>(Street Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Date of Birth:	Social Security # (Optional):		
Home Phone#:			
Employer Name:		Address:	
Optional – Spousal Information			
Spouse's Name:			
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Initial)</i>	
Date of Birth:	Social Security # (Optional):		
Employer Name:		Address:	

Dependent Information:

<i>Dependent Name:</i>	<i>Age:</i>	<i>Relationship:</i>
<i>Dependent Name:</i>	<i>Age:</i>	<i>Relationship:</i>
<i>Dependent Name:</i>	<i>Age:</i>	<i>Relationship:</i>
<i>Dependent Name:</i>	<i>Age:</i>	<i>Relationship:</i>
<i>Dependent Name:</i>	<i>Age:</i>	<i>Relationship:</i>
<i>Dependent Name:</i>	<i>Age:</i>	<i>Relationship:</i>

Income:

Family Member	Source of Income: <small>(such as employment, social security, unemployment, child support, pension or other types of compensation:</small>	Amount of Gross Income for the last 13 weeks	Est. Yearly Income (Office use only)

Please provide proof of income for the most current 13 weeks. If you are self-employed, you will be required to provide a copy of your last income tax return and your most current quarterly report of income (1099). Personal income records will be required if you have not filed a 1099.

I certify that this information is true and accurate to the best of my knowledge. Further, I will apply for any assistance (MCD, HCR, or other insurance plan) that may be available to pay my hospital charges and take any necessary action to obtain the assistance. All payments will be assigned to the hospital to recover the hospital charges. If any information I have given proves untrue, I understand that the hospital may re-evaluate my financial status and take whatever appropriate action.

Applicant's Signature: _____ Date: _____

For internal use only:

Application Date: _____ Expiration Date: _____

Notified: Patient ACSA ___ MRI ___ RAD ___ RHC SLIDING SCALE % _____



Financial Assistance Program

Zero Income - Attestation is only to be completed for those with no income

Date: _____

For the purpose of applying for Financial Assistance, I, _____

(Applicant's Name) certify that I have not received any income for the last thirteen (13) weeks.

Briefly explain how you have managed to pay for necessary living expenses such as shelter, food, and utilities:

Please sign this document before a Notary Public. (A notary is available at Houlton Regional).

Signature _____ Date: _____

The above-named personally appeared before me and made an oath that the above-stated facts are true to the best of their knowledge.

Date: _____ Notary Public: _____

Space below for Notary Stamp and or information: