

OVERVIEW OF MARYLAND'S HOSPITAL FINANCIAL ASSISTANCE PROGRAMS

If the patient or their representative has questions regarding financial assistance and/or billing concerns, please [contact the hospital where they received the services](#).¹

TYPES OF HOSPITAL FINANCIAL ASSISTANCE AVAILABLE TO PATIENTS

- Free care:
 - Patients with family income at or below 200% of the federal poverty level (FPL) are eligible for free, medically necessary care
 - Additionally, unless a patient is otherwise eligible for Medicaid² or CHIP, beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care. This is referred to as “presumptive eligibility for free care.” Hospitals will attempt to determine whether the patient is presumptively eligible for free care using existing information:
 - Households with children in the free or reduced lunch program
 - Supplemental Nutrition Assistance Program (SNAP)
 - Low-income-household energy assistance program
 - Primary Adult Care Program (PAC), until such time as inpatient benefits are added to the PAC benefit package
 - Women, Infants and Children (WIC)
 - Other means-tested social services programs deemed eligible for hospital free care policies by the Maryland Department of Health and the Health Services Cost Review Commission
- Reduced-cost care:
 - Low-income patients with family income between 200% and 300% of the FPL are eligible for reduced-cost, medically necessary care
 - Patients with family income below 500% of the FPL who have a financial hardship³ are eligible for reduced-cost, medically necessary care

If the patient is not sure whether they qualify for financial assistance, the patient should contact the hospital where they received services.

FINANCIAL ASSISTANCE APPLICATION

Patients who were not determined presumptively eligible for free care by the hospital can apply for financial assistance. Information on how to apply for financial assistance is included with the bill. All Maryland hospitals use the [same financial assistance application form](#).⁴ **Patients can apply up to 240 days (about eight months) after the date the first post-discharge billing statement is provided.** Hospitals will take into consideration any change in the patient's financial circumstances that occurs within this time frame. Patients should contact the hospital directly if they need more time to apply, if they are unsure whether someone who has contacted them is associated with the hospital, or if they

¹ List of links to Maryland hospital financial assistance policies: mhaonline.org/transforming-health-care/caring4md/financial-assistance

² Medicaid in Maryland has no patient cost-sharing.

³ “Financial hardship” means medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. “Medical debt” means out-of-pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs billed by a hospital.

⁴ Uniform Financial Assistance Form (Word download): hscrc.maryland.gov/Documents/public-interest/MDuniformFinancialAssistanceApp.doc



need help completing the application. Patients are strongly encouraged to promptly respond to hospital follow-up inquiries regarding their application to facilitate processing. A telephone number for the hospital's billing department is normally included with the bill.

PROCEDURAL REQUIREMENTS

Hospitals' procedures to determine a patient's eligibility for financial assistance include, among other things:

- Determine whether the patient has health insurance
- Determine whether the patient is presumptively eligible for free or reduced-cost care
- Determine whether uninsured patients are eligible for public or private health insurance
- To the extent practicable, offer assistance to uninsured patients if the patient chooses to apply for public or private health insurance
- To the extent practicable, determine whether the patient is eligible for other public programs that may assist with health care costs
- Use information in the possession of the hospital, if available, to determine whether the patient is qualified for free or reduced-cost care

CITIZENSHIP OR IMMIGRATION STATUS

A hospital may not use a patient's citizenship or immigration status as an eligibility requirement for financial assistance.

PAYMENT PLANS

Payment plans are available to patients irrespective of their insurance status with family income between 200% and 500% of the FPL who request assistance. However, any patient who may need a payment plan—regardless of family income—should contact the hospital where they received services to discuss available payment options.

NOTICE OF FINANCIAL ASSISTANCE POLICIES

Hospitals provide patients with notice of their financial assistance policies in two main ways.

- **Information sheets:** This describes the hospital financial assistance policies and is provided to the patient, the patient's family, or the patient's authorized representative at the following times:
 - Before the patient receives scheduled medical services
 - Before discharge
 - With the hospital bill
 - On request
 - In each written communication to the patient regarding collection of the hospital bill
- Information sheets include contact information for the individual or office at the hospital that is available to assist the patient, the patient's family, or the patient's authorized representative understand how to apply for free and reduced-cost care
 - Includes space for patients to initial they have been made aware of the financial assistance policy
- **Notice in conspicuous places:** Hospitals post notices in conspicuous places throughout the hospital, including the billing office informing patients of their right to apply for financial assistance and who to contact at the hospital for additional information