

**COMMUNITY MEMORIAL HOSPITAL ASSOCIATION
512 SKYLINE BLVD
CLOQUET, MN 55720**

FINANCIAL ASSISTANCE POLICY AND EMERGENCY MEDICAL CARE

I. PURPOSE Community Memorial Hospital (CMH) provides emergency medical care, without discrimination, consistent with Section 1867 of the Social Security Act (EMTALA) to patients regardless of their eligibility under this Financial Assistance Policy. CMH understands that an unexpected medical debt may create a financial hardship for some people and will provide appropriate financial assistance to patients who may be unable to pay all or a portion of the cost of their medically necessary health care services.

II. POLICY Community Memorial Hospital offers financial assistance through our Community Care Program for low income individuals based on current Federal Poverty Guidelines. CMH offers screening for other programs that a patient may be eligible for. Community Care applications will be available on our website, in our waiting rooms, in our registration areas and upon request.

III. DEFINITIONS/SPECIAL CONSIDERATIONS

Federal Poverty Guidelines (FPG): Income guidelines published annually by the U.S. Department of Health and Human Services used for determining financial eligibility for certain programs.

Guarantor: Person responsible for payment of the medical debt. The Guarantor is typically the same as the adult patient. The Guarantor for a minor child is typically the parent or legal guardian that brings the child in for services.

Community Care Program: The Financial Assistance Program defined by CMH.

Medically Necessary Services: Services that are emergent or reasonable and necessary for the diagnosis or treatment of an illness or injury.

Third-party payer: An insurance or government program such as Medicare/Medicaid that is responsible for paying services provided to a patient.

Senior Partners Care: CMH is a participating provider with this program. Applications are made with Minnesota Citizens Federation—Northeast.

IV. PROCEDURE

1. Self-Pay/Uninsured at time of service:
 - A. CMH provides a discount to uninsured patients who reside in the State of Minnesota and require medically necessary health care services. The discount will be applied to gross charges and appear on the patient's statement. If a third-party payer is later identified, the discount will be removed.
 - B. CMH employees certified as MN sure Navigators may screen a patient for Hospital Presumptive Eligibility or Minnesota Medicaid eligibility via the MNsure portal.
 - C. CMH Business Office employees will advise uninsured patients of the Community Care Program and will assist with completion of the application when necessary.

2. Underinsured:
 - A. Patients that have a third-party payer but still have expenses that exceed their financial ability may qualify and apply for Community Care or other programs.
 - B. CMH waives the Medicare Part A and B deductibles and Part B copays for patients enrolled in Senior Partners Care.
3. CMH accepts Community Care applications for all open accounts regardless of the service/discharge date. Patients that qualify must meet income guidelines as follows:

Federal Poverty Guidelines
200% or below
Up to 250%

Discount
100% Discount and no patient responsibility
Sliding Scale up to 50% patient responsibility

Eligibility

All inpatient and outpatient accounts are eligible for uncompensated care.

Note: ***Elective services or procedures are not eligible for the Community Care Program.***

Patient's eligibility will be based on the following information:

- A. The application includes:
 1. Income from all sources for individuals responsible for this obligation.
 - a. List gross income for the most recent three month period.
 - b. Listing of savings and checking accounts, certificates of deposit, stocks, and bonds.
 - c. A copy of the most recent federal income tax return or W-2 forms.
 - d. A copy of most recent statements for savings and checking accounts, certificates of deposit, stocks and bond accounts.
 - e. A copy of the letter of denial for Medical Assistance or be currently eligible for Medical Assistance.
- B. All third party resources and non-hospital financial aid programs, including public assistance available through state Medicaid programs, must be exhausted before benefits can be requested.
- C. Eligibility will be determined by comparing applicant's income to the Income Eligibility Guidelines.

Program Administration

The Hospital's Community Care Program will be administered according to the following guidelines:

- A. The application information will be reviewed and verified by Business Office personnel.
 - B. After reviewing income, Business Office personnel will determine if the patient/guarantor qualifies for benefits based on income and asset guidelines.
 - C. The patient/guarantor will be notified in writing of the eligibility determination.
 - D. Falsification of application or refusal to cooperate will result in denial of benefits.
 - E. The Hospital reserves the right to change benefit determination if the recipient's financial circumstances have changed.
4. CMH has a separate Billing and Collections policy that is available by calling the Business Office. The policy includes:
 - A. Prompt pay discount
 - B. Billing cycle timelines
 - C. Minimum payment guidelines
 - D. Collection actions for non-payment or insufficient payment