COMMUNITY MEMORIAL HOSPITAL ASSOCIATION

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| SECTION | Business Office – Patient Financial Services | | | |
| SUBJECT | Financial Assistance Policy - Community Care Program | | | |
| AUTHOR | | Director of Patient Financial Services | POLICY NUMBER | BUS-2002 |
| DATE ESTABLISHED | | 10/01/2000 | DATE REVIEWED/REVISED | 12/8/2024 |
| EXPOSURE CATEGORY | | Category III |  |  |

1. **PURPOSE**

To provide a financial assistance program for uncompensated health care topatients thatare determined to be unable to pay for services.

1. **POLICY**

This policy shall be applied in accordance with established procedures and no patient shall be denied uncompensated health care based upon race, creed, color, sex, national origin, or any other prejudgment. Elective services or procedures and Long-Term Care accounts are not eligible for the Community Care Program.

Placement of Bad Debt accounts with an agency or other resolution:

A. The decision to advance a debt to an agency for collection will be based on such factors as lack of payment, insufficient payments, failure to apply for available programs, failure to respond to provider or payer requests for information, or failure to contact the Business Office as requested.

B. An account may be determined uncollectible and transferred to an agency if mail has been returned for a bad address and attempts were unsuccessful to find a current address following the Returned Mail procedure.

C. Minimum Payment Guidelines were established for patients that are financially unable to pay their account balance in full. A letter (INSUF) will be sent to patients that are not making minimum payments according to CMH guidelines which are printed on the back of statements.

1. If minimum payments are not subsequently received, information must be provided justifying why the minimum payment cannot be made and why they are not eligible for other programs such as Medicaid and Community Care. If a financial hardship is indicated, a reduced payment plan may be established with periodic review in six to nine months. Financial hardship will be determined upon review of supporting documentation.

2. If the patient/guarantor does not respond to the Insufficient Payment letter, continued collection activity will be pursued.

3. If the patient/guarantor does not respond to any attempts to discuss the insufficient payment plan, the account may be turned over to an agency. d. Community Memorial Hospital does not report to Credit Agencies

1. **DEFINITIONS/SPECIAL CONSIDERATIONS**

Approval of application will apply only to accounts incurred prior to the date of approval and outstanding balances on the date of approval.

1. **PROCEDURE**
   * 1. Eligibility
        1. Patient’s eligibility will be based on the following information:
        2. All inpatient and outpatient accounts are eligible for uncompensated care. An application must be filled out by the patient/guarantor.
     2. The application includes:
2. Income from all sources for individuals responsible for this obligation, listing gross income for the most recent three month period (income from seasonal employment will be based on 12 month average).
3. Resources from savings and checking accounts, certificates of deposit, stocks, and bonds.
4. Number of exemptions as determined by federal income tax laws.
5. A copy of the most recent federal income tax return.
6. A copy of most recent statements for savings and checking accounts, certificates of deposit, stocks and bond accounts.
7. A copy of the letter of denial for Medical Assistance or be currently eligible for Medical Assistance. A facility MNsure Navigator may provide the screening for eligibility.
   * 1. 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.
     2. Deductibles and co-insurance amounts are eligible for benefits if financial circumstances warrant.
     3. Eligibility will be determined by comparing applicant’s income to the Income Eligibility Guidelines.
     4. Program Administration - CMH’s Community Care Program will be administered according to the following guidelines:
        1. The application information, along with a copy of the most recent federal income tax return will be reviewed and verified by Business Office personnel
        2. After reviewing income, Business Office personnel will determine if the patient/guarantor qualifies for benefits based on the Income and Asset Guideline Worksheets.
        3. Community Memorial Hospital may provide uncompensated care for families with income less than 200% of the Federal Poverty Guidelines meeting the Community Care eligibility requirements. Income between 200% and 250% may receive a 50% reduction in patient balances effective October 1, 2008. Income between 200% and 250% may receive a reduction up to 99.98% based on a sliding scale calculation effective October 1, 2009. Guidelines are subject to annual review and change.
        4. The patient/guarantor will be notified in writing of the eligibility determination.
        5. Falsification of application or refusal to cooperate will result in a denial of the application.
        6. CMH reserves the right to change benefit determination if the recipients’ financial circumstances have changed.
        7. Patients that are enrolled with Senior Partners Care have already met income guidelines according to program criteria and will not be required to fill out CMH’s Community Care application. Self Pay balances on Medicare deductibles and coinsurance qualify for a 100% reduction.
        8. Community Memorial Hospital will presume eligibility as determined by the patient’s proven qualification for certain means-tested public programs. Patients are deemed eligible if they are enrolled in Medicaid, a PMAP or they are incarcerated without other health insurance coverage.
        9. Community Memorial Hospital may add criteria of its own to the above, which will allow additional persons to be eligible for uncompensated services. Excessive medical expenses or other expenses beyond the control of the patient/guarantor would represent acceptable criteria for exceptions to this policy. Such criterion is considered by the facility when in the view of hospital management, payment and/or a deferred payment plan would create undue hardship
     5. Requirements for Financial disclosure – the form must contain complete and accurate information.
        1. Income verification is required:

* Copies of paychecks or a letter from your employer(s) indicating all income for the previous three (3) months including year-to-date gross income for all individuals in the household. Copies of unemployment or work comp benefits.
* A copy of most recent federal income tax return.
* If applicant is on social security and/or receiving a pension, a copy of the last check or bank deposit. A copy of the benefit award letter from the Social Security administration may be provided.
* The most recent statements for all checking and savings accounts, certificates of deposit, stock and bond accounts.
  + - 1. Failure to submit requested information would result in automatic denial of Community Care benefits.
      2. Upon completion of the application form , it should be returned to:

Community Memorial Hospital

Financial Counselor

512 Skyline Blvd.

Cloquet, MN 55720

* + - 1. To figure out charges we use the lookback method. If you have questions on the calculation and AGB% method, or any other questions, please call patient accounts at (218) 878-7069 or toll free (888)675-4641.

1. **REFERENCES**

[List of Covered & Uncovered CMH Providers](https://cloquethospital.com/wp-content/uploads/2025/07/CMH-Providers-FAP-Directory.pdf)

U.S. Department of Health and Human Services Federal PovertyGuidelines