

COMMUNITY MEMORIAL HOSPITAL ASSOCIATION

SECTION		Business Office – Patient Financial Services	
SUBJECT		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		

I. PURPOSE

To provide a financial assistance program for uncompensated health care to patients that are determined to be unable to pay for services.

II. 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 prejudice. Elective services or procedures and Long Term Care accounts are not eligible for the Community Care Program.

III. 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.

IV. PROCEDURE

A. 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.

B. The application includes:

1. 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).
2. Resources from savings and checking accounts, certificates of deposit, stocks, and bonds.
3. Number of exemptions as determined by federal income tax laws.
4. A copy of the most recent federal income tax return.
5. A copy of most recent statements for savings and checking accounts, certificates of deposit, stocks and bond accounts.

6. 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.
- C. 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.
- D. Deductibles and co-insurance amounts are eligible for benefits if financial circumstances warrant.
- E. Eligibility will be determined by comparing applicant's income to the Income Eligibility Guidelines.
- F. 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
- G. 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.

2. Failure to submit requested information would result in automatic denial of Community Care benefits.
3. Upon completion of the application form , it should be returned to:

Community Memorial Hospital
Financial Counselor
512 Skyline Blvd.
Cloquet, MN 55720

4. 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.

V. REFERENCES

U.S. Department of Health and Human Services Federal Poverty Guidelines