

COMMUNITY MEDICAL CENTER, INC.
Patient Accounts
POLICY & PROCEDURE MANUAL

POLICY #:	0.00.0	EFFECTIVE DATE:	01/05/04
SECTION:	Patient Accounts	SUPERSEDES:	00/00/00
SUBJECT:	Financial Assistance Eligibility		

Review Dates: 04/22/2013

POLICY:

Community Medical Center is a non-profit hospital offering a broad range of services, which are provided with efficiency and sensitivity to the patient's needs, both medically and financially. CMC will identify candidates for financial assistance based upon demonstrated need, using criteria established in this policy. Financial assistance is available without regard to race, color, creed, national origin, age, sex, disability, health care condition or marital status.

Statement of Principles and Guidelines:

Community Medical Center will:

- Treat all patients equitable, with dignity, with respect and compassion
- Provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. CMC will provide stabilizing treatment for patients with EMCs. If CMC is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer will be implemented.
- Assist patients who cannot pay for part or all of the care they receive
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep or hospital's doors open for all who may need care in our community

The following criteria will be used to determine eligibility:

1. Patient care, which is not medically necessary, including elective, cosmetic, or other care deemed to be generally not reimbursable by traditional insurance carriers and governmental payers, shall not be considered eligible for financial assistance.
2. Minor children/divorced parents- both parents/legal guardians are responsible parties, and information regarding both parents will be required to complete the application for financial assistance.
3. Financial assistance provided by CMC under this policy is secondary to all other third parties and financial resources available to the patient. If needed, a Patient Accounts designee is available to help facilitate application for other sources of payment (Medicaid, Crime Victims, SSI, SSDI, etc.)
4. Financial assistance shall be available to patients who reside in the CMC service area that includes Missoula and surrounding counties including Ravalli, Mineral, Lake and Sanders. Emergency care provided to patients who reside outside of these counties may also be considered for financial assistance.

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5. Financial assistance is not considered an entitlement and each determination of eligibility stands on its own. Past acceptance of an account for financial assistance does not guarantee future accounts will also be accepted.

PROCEDURE:

All requests for financial assistance will be directed to Patient Financial Services by calling customer service at 406-327-4747; by accessing our website at www.communitymed.org; or in person at 2827 Fort Missoula Road, Missoula, MT 59804. Upon receipt of a request from either a patient or the patient's legal guardian, a Financial Assistance Application packet and instructions will be provided to the person requesting assistance. The patient will be required to return the completed Financial Assistance Application, along with all required documentation, within two weeks from the date the application was sent to the patient.

1. The following proof of income must be included with the Financial Assistance Application:

- Payroll check stubs, or other monthly income sources for the last three months for all persons living in the house, whether related or not.
- Notice of ineligibility from Medicaid, state medical Crime Victims, etc.
- Copy of latest Federal Income Tax Return, with supporting schedules.
- Verifications remain valid for 6 months. Any subsequent request for Financial Assistance past the 6 month timeframe requires a new application and current documentation.

2. Gross annual income will be calculated using income documents. Gross annual income will be used to determine eligibility. Total income of the last 3 months pay stubs will be multiplied x 4 to arrive at a yearly income if this is the most appropriate method. Applicants showing income losses on tax returns will have income determined using alternative methods which more accurately represent their actual level of income.

3. The patient's financial status will be evaluated using the Patient Assistance Eligibility Guidelines table using Gross Annual Income. This table will be updated annually when changes are made to the Federal Poverty Levels.

4. For individuals eligible for any level of charity as defined in #3, the amount of patient liability will not exceed 20% of the family's gross income used to determine charity.

5. After all forms have been completed and the patient qualifies for assistance, the application is handled as follows:

- Charity amounts less than \$1500 may be completed and approved by the PFS staff or designee. These amounts may be documented on the "short form" and do not require hard-copy documentation of the items listed in #1.

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- Amounts in excess of \$1500 but less than \$5000 will be forwarded to the Coordinator of Patient Accounting for approval.
- Charity write off of \$5,000.00- \$10,000 require approval from the Director of Patient Financial Services.
- Amounts in excess of \$10,000 require approval from the VP of Finance.

6. If CMC determines that any material documentation or information submitted is untrue or falsified, the application will be denied.

7. Assets in excess of the amount being requested as financial assistance may be used to offset all or a portion of allowed amount. These situations will be assessed on an individual basis.

8. CMC will notify the patient or guardian in writing of the final determination regarding their request for financial assistance generally within 14 days from the time the completed application was received.

9. Payment arrangements will be made for the adjusted patient liability when applicable according to the established credit policy. Failure to pay the remaining balance in full or make arrangements under the collection policy will result in the reduced balance being assigned to a collection agency. The collection agency may take action including: notices mailed to the debtor; phone calls to the debtor; skip tracing; reporting the delinquent account to one or more credit bureaus; filing suit which may result in wage garnishment, property liens or forfeiture of other assets.

10. If a patient is found eligible for financial assistance and has subsequent visits, the subsequent visits are not automatically eligible for financial assistance. The application process must be followed and a separate determination regarding eligibility must be approved.

11. Patients who expire with no estate or other known source of payment will qualify for full charity assistance. The patient record must contain documentation of verifications of no estate.

12. Patients identified as transients with no permanent address or means of support will qualify for full charity assistance. This includes individuals residing at a homeless shelter such as the Poverello Center at 535 Ryman.

13. Individuals presenting to a public event (such as the Mall blood draw) and state they have no ability to pay will have services provided at no cost as long as the services do not exceed \$50. These cases will be identified as the shortage in the appropriate account and written off to charity.

14. Patients who have a Medicare Select supplement that provides a denial to CMC for being out of network will be considered short-form charity for amounts less than \$1500. These amounts will not be listed on the Medicare Bad Debt log.

15. Patients not qualifying for Financial Assistance under the above guidelines and whose bills are considered catastrophic (in excess of \$50,000) will be considered for charity cared based on individual circumstances. If an individual has no identified means to pay the bill in full, the following guidelines may be utilized:

- The amount of patient liability will be equal to the current Medicare reimbursement for the

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particular service

- Other factors, such as total medical debt, future earnings potential, loss of wages and total debt may be considered to increase or reduce the amount of Financial Assistance
- Accounts with reduced amounts under this section of the policy must have the patient liability portion paid or suitable payment arrangements made within 90 days from the time of Financial Assistance determination
- All cases under this section must be approved by the CEO or VP of Finance

16. The President of Community Medical Center as well as the VP of Finance may make exceptions to this policy.

17. In the event that a patient qualifies for partial charity, the remaining balance is expected to be paid by the guarantor. Failure to pay the amount remaining with either an acceptable payment plan or in full within 90 days from the date the patient is notified of charity will result in the reduced balance being placed with an outside collection agency.

18. Financial Assistance information will be available at the following access points:

Registration

Customer Service phone- 406-327-4747 or 406-541-2801

Cashier's window at CMC

Website- www.communitymed.org

During screening for eligibility for other sources of payment such as Medicaid by our MASH staff

At any time while speaking to a CMC representative regarding payment

Collection Agencies which have accounts placed with them

Identified on billing statements

19. The minimum discount allowed for individuals eligible under this policy will meet or exceed the average discount rate (calculated annually) by commercial payers.

Responsible Leader: Dir, Patient Financial Svcs: _____
(Signature & Date)

Vice President, Finance: _____
(Signature, Title & Date)