

## Financial Assistance Offered

Cass County Memorial Hospital takes pride in providing the best care for every patient. Cass County Memorial Hospital offers financial assistance to patients unable to pay for emergency and medically necessary care.

## Am I Eligible?

Patients who have the means are expected to pay for services received at Cass County Memorial Hospital. However, eligibility for financial assistance is available to you and is based on income and family size.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges. Patients must fully comply with the application process, including submitting tax returns and pay stubs.

## How Do I Apply?

If you are unable to pay, visit our website at [assistance.casshealth.org](http://assistance.casshealth.org) where you can review, download, and print information to learn about available financial assistance programs. Cass County Memorial Hospital's Financial Assistance Policy and Application are available free of charge on the website and through our Patient Financial Advisor. You may request to have one mailed to you.

## Exclusions

The policy only applies to medically necessary services rendered at Cass County Memorial Hospital. It does not apply to services rendered by independent physicians or practitioners that are not employed by Cass County Memorial Hospital. This includes but is not limited to Anesthesiologists, Radiologists, and Pathologists.

## Other

No individual who is eligible for financial assistance will be charged more than amounts generally billed for emergency or other medically necessary care.

Uncompensated Care is offered to all patients served by our facility. Please complete the following application within 30 days and return it along with the required documents to Cass County Memorial Hospital, attention Patient Financial Advisor, 1501 East 10th St., Atlantic, Iowa 50022. All applications will be reviewed for eligibility criteria and a written notice will be sent to the applicant to be notified of final decision.

Eligibility for financial assistance will be considered for those individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need (income) and family size, and shall not take into account assets, insurance status, participation in the Health Insurance Marketplace, age, gender, race, citizenship, social or immigrant status, sexual orientation or religious affiliation. Social Security Number and Assets Resources expense section is optional for patients of the emergency room and outpatient clinics.

Services must be considered medically necessary. Generally, elective services are not allowed under the Financial Assistance Program.

Financial Assistance may be applied to services received at Cass County Memorial Hospital prior to Patient Financial Assistance application if the account remains in good standing, not placed with an outside collection agency, and 3 months following the receipt of the application.

All information provided on the application or within the attachments will be held in the strictest confidence.

Eligibility Criteria and Amounts Charged to Patients. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines (FPG) in effect at the time of the determination. Once a patient has been determined by Cass County Memorial Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Cass County Memorial Hospital will charge patients qualifying for financial assistance are as follows:

1. Patients whose family income is at or below 100% of the FPG are eligible to receive free care.
2. Patients whose family income is above 100% but not more than 200% of the FPG are eligible to receive services at amounts no greater than the amounts generally billed to (received by the hospital for) commercially insured [or Medicare] patients.
3. Patients whose family income exceeds 200% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Cass County Memorial Hospital; however the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) commercially insured [or Medicare] patients;
4. Upon determination of financial assistance eligibility, an individual will not be charged more than amounts generally billed for emergency or other medically necessary care.
5. The amount charged for any medical care provided to financial assistance eligible individuals shall be less than the gross charges for that care.
6. The eligibility criteria for Patient Financial Assistance are also outline on the attached Information Sheet. This information, along with the Federal Poverty Guidelines will be provided to any person inquiring about financial assistance, and also constitutes part of this policy.

Income is based on family income. Eligibility for and the amount of benefit, if any, are determined based on a sliding income scale. This scale is a function of the Federal Poverty Guidelines and, as such, will change as those guidelines are adjusted.

**Department of Health & Human Services – Income Poverty Guidelines**

**Effective: January 15<sup>th</sup>, 2020**

Size of Family Unit	Poverty Guideline 100% (Income Guideline)	Poverty Guideline 200%
1	\$12,760	\$25,520
2	\$17,240	\$34,480
3	\$21,720	\$43,440
4	\$26,200	\$52,400
5	\$30,680	\$61,360
6	\$35,160	\$70,320
7	\$39,640	\$79,280
8	\$44,120	\$88,240

For family units with more than 8 members, add \$4,480 for each additional member.

**Calculation for Discount**

**If income is less than 100% of Poverty Guideline 100% Financial Assistance is awarded.**

**If income exceeds 200% of Poverty Guideline Financial Assistance is denied.**

**If income guideline is exceed for 100% of Poverty but less than 200% of Poverty.**

200% of Poverty – Calculated Income

Value of 200% of Poverty – Calculated Income / 100% of Poverty Guideline

Household income refers to all cash receipts, before taxes, from all sources. It includes wages and salaries before any deductions. It includes receipts from self-employment, business, or farm. Income also includes payments from public assistance, social security, unemployment, worker’s compensation, veteran’s benefits, alimony, child support, military allotments, government and private pensions, insurance and annuity payments. Income sources are also interest, rents, income from dividends, royalties, estates and trusts, scholarships, grants, gambling and lottery winnings. The above list of sources of income is NOT an exhaustive list and is provided as examples of income. If an adult member of a household is unemployed, a copy of the person’s filing with Iowa’s Workforce Development Unemployment Office is required. Excludes noncash benefits (such as food stamps and housing subsidies.)

## CASS COUNTY HEALTH SYSTEM APPLICATION FOR FINANCIAL ASSISTANCE

It is the policy of Cass County Health System to provide essential services regardless of the patient's ability to pay. Cass County Health System offers discounts based on family size and annual income. In order for the hospital to make determination on eligibility, complete the following information. The hospital will advise you in writing regarding the decision.

Discounts only applies to medically necessary services rendered at Cass County Health System. The discounts do not apply to services rendered by independent physicians or practitioners that are not employed by Cass County Health System. This includes but is not limited to visiting specialist and radiologist. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 3 months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

I. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_  
 Your Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

List all household members; indicate if you claim this individual as a dependent:

Name	Relationship	Date of Birth	Dependent
			YES or NO
			YES or NO
			YES or NO
			YES or NO
			YES or NO
			YES or NO
			YES or NO

Do you have hospital insurance or other coverage?  Yes  No

If yes, Company: \_\_\_\_\_ Policy: \_\_\_\_\_

II. Financial Data for Household - **Please provide verification of all income. Copies of tax return (prior year) and paycheck stubs (last 3 months) or other information verifying income may be required before a discount is approved.**

	Total for Last 3 Months	Total for Last 12 Months
Gross Wages		
Farm or Self-Employment		
Public Assistance (excludes non cash benefits)		
Social Security		
Unemployment Compensation		
Workmen's Compensation		
Strike Benefits		
Alimony/Child Support		
Military Family Allotments		
Pensions		
Dividends, Interest, Rents		
Other income		
<b>Total Income</b>		

III. Other Information:

Do you need assistance making application to your county Department of Human Services?  Yes  No

How can we be of assistance to help you explore options to obtain health care coverage (applications for assistance are not based on insurance status or participation in the Health Insurance Marketplace): \_\_\_\_\_

Other information that may be of benefit in making a determination: \_\_\_\_\_

I affirm that the information reported in this application for financial assistance is true and correct to the best of my knowledge. I authorize the verification of any reported information on this application by Cass County Health System.

I understand that eligibility for discount is based on income and family size and no other factors (e.g. assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type. Social Security Number and Assets Resources expense section is optional for patients of the emergency room and outpatient clinics.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return to: Cass County Health System, attn: Patient Financial Advisor, 1501 East 10th Street  
Atlantic, IA 50022 **(Make sure verification is attached.)**

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**CSA Income Poverty Guidelines**  
**Effective Date: January 15, 2020**

Size of Family Unit	Income Guideline	200% of Guideline
1	\$12,760	\$25,520
2	\$17,240	\$34,480
3	\$21,720	\$43,440
4	\$26,200	\$52,400
5	\$30,680	\$61,360
6	\$35,160	\$70,320
7	\$39,640	\$79,280
8	\$44,120	\$88,240

For family units with more than eight members, add \$4,480 for each additional member in a family. For the 200% guidelines, add \$8,960 for each additional member in a family.

**CASS COUNTY MEMORIAL HOSPITAL**  
**Atlantic, Iowa**

**POLICY/PROCEDURE**

Effective For: (Cass County Memorial Hospital)  
Subject: (Financial Assistance Program)  
Policy No. (RCPA002)  
Owner: (Chief Financial Officer)  
Manager: (Revenue Cycle Director)  
Created Date: (7/1/2019)

**Policy**

**Financial Assistance Program**

**PURPOSE:**

- Includes eligibility criteria for financial assistance -- free and discounted care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital
- Describes the actions the hospital may take in the event of nonpayment
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for commercially insured or Medicare patients

**GENERAL CONSIDERATIONS:** Financial assistance is not considered substitute for personal responsibility. Patients are expected to cooperate with Cass County Memorial Hospital's procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

Cass County Memorial Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay for medically necessary care based on their individual financial situation.

This policy provides guidelines and procedures for Patient Financial Services to process applications for financial assistance in a consistent manner. Patients may qualify for total or reduced fees for services if they meet the criteria, based in part on the annual Federal Poverty Guidelines.

## **POLICY:**

Cass County Memorial Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Cass County Memorial Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Cass County Memorial Hospital will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for government assistance. However, in order to provide uncompensated care to those members of the community who are truly in need, it is essential that payment be made by those who are able to pay for their care. Those who are eligible for governmental programs, such as Medicare and are encouraged to do so and we offer assistance in making application. Assistance is also available to look at other options including funding available through research grants, insurance exchanges, special programs or coverage through any liability source.

## **RESPONSIBILITY:**

- A request of assistance or charity consideration may be initiated by anyone having knowledge of a person potentially qualifying to the Financial Assistance.
- All applications to this program should be submitted directly to the Patient Financial Advisor.
- All requests for assistance should be made at the time of the receipt of the first statement or at the earliest point in the Revenue Cycle where identification that there are no resources for payment for services received.

## **DEFINITIONS:**

For the purpose of this policy, the terms below are defined as follows:

**Amounts Generally Billed:** The amount Cass County Memorial Hospital usually charges for a particular service determined by either past claims paid by Medicare or Medicare together with all private health insurers, or an estimate of the total amount Cass County Memorial Hospital would have been paid by Medicare and the Medicare beneficiary if the financial assistance eligible individual was a Medicare beneficiary.

**Extraordinary Collection Action:** Collection activities requiring legal or judicial process. Extraordinary Collection Actions may include liens, foreclosures, attachments or seizing bank accounts, civil actions, writs of attachment, wage garnishment, reports to credit agencies, sale of debt to third party, and other legal actions.

**Financial Assistance:** Financial assistance results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption and residing together: all such people

(including related subfamily members) are considered as members of one family. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Excludes noncash benefits (such as food stamps and housing subsidies)
- Determined on a before-tax basis
- Excludes capital gains or losses
- If a person lives with a family, includes the income of all related family members, excluding any minor children income on the application of the parents. (Non-relatives, such as housemates, do not count).

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

**Gross Charges:** The total charges at the organization's full-established rates for the provision of patient care services before deductions from revenue are applied.

**Emergency medical conditions:** Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**Medically necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

## Procedure

**A. Services Eligible under this Policy.** For purposes of this policy, "financial assistance" refers to healthcare services provided by Cass County Memorial Hospital without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical services provided in an emergency room setting.
2. Services for a condition, which, if not promptly treated, would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
4. Medically necessary services, evaluated on a case-by-case basis at Cass County Memorial Hospital's discretion.
5. The policy does not apply to services rendered by independent physicians or practitioners that are not employed by Cass County Memorial Hospital. This includes but is not limited to visiting specialist, Anesthesiologists, Radiologists, and Pathologists.



## **B. Eligibility for Financial Assistance.**

Eligibility for financial assistance will be considered for those individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need (income) and family size, and shall not take into account assets, insurance status, participation in the Health Insurance Marketplace, age, color, race, national origin, disability, social status, gender identity, sexual orientation, or religious affiliation. Social Security Number and Assets Resources expense section is optional for patients of the emergency room and outpatient clinics.

Services must be considered medically necessary. Generally, elective services are not allowed under the Financial Assistance Program.

1. Financial Assistance write off will be pending insurance determination if patient has insurance.
  2. Approved assistance is in effect for the specific episode of care and for three months from the time, the approval is signed off on. Reapplication for the program must be made for additional services, after the three-month period expires.
  3. Accounts, which have already been placed with outside collection agencies, will not be considered under the program. Under true hardship cases, the Revenue Cycle Director or Chief Financial Officer will review the situation.
  4. Patient must meet income eligibility criteria as provided by Health and Human Services (HHS) Poverty Income Guidelines. Criteria for income guidelines change as published on a yearly or every other year basis by HHS. Cass County Memorial Hospital processes Financial Assistance applications at 200% level of Poverty Income Guidelines. When determining eligibility, a spouse's income must be used for an adult, and parents' combined income will be used in the case of a minor child. In the case of a child of divorced parents, income for the parent with whom the child resides will be considered. The Director of Revenue Cycle or Chief Financial Officer may grant presumptive charity under certain circumstances. Examples may be (but not limited to) patient becomes deceased and no probate or funds to pay outstanding account(s) or indigent.
  5. Under declaration of a major disaster patients can continue to make application for financial assistance. Applications that are not approved under the current guidelines can request a 90-day suspension of current payment plans and or hold on statements. At the end of the 90-days applications will be reevaluated.
- Household income refers to all cash receipts, before taxes, from all sources. It includes wages and salaries before any deductions. It includes receipts from self-employment, business, or farm. Income also includes payments from public assistance, social security, unemployment, worker's compensation, veteran's benefits, alimony, child support, military allotments, government and private pensions, insurance and annuity payments. Income sources are also interest, rents, income from dividends, royalties, estates and trusts, scholarships, grants, gambling and lottery winnings. The above list of sources of income is NOT an exhaustive list and is provided as examples of income. Excludes noncash benefits (such as food stamps and housing subsidies).

6. Financial documents, which are required from the patient to determine financial need, are:
  - Most recent income tax return. For self-employed use gross income from Schedule C, depreciation is do not add depreciation.
  - Three months check stubs from current job or unemployment compensation.
  - Statement of Social Security benefits
  - Unemployment – copy of person’s filing with Iowa Workforce Development Unemployment Office is required.
  - If there is no income at the present, a statement providing date last worked and expected return to work date will be required.
7. The applicant’s eligibility is determined from their household income for a full 12 month period
8. Once all information is complete and all required documentation is provided, the Patient Financial Advisor will review to determine eligibility. Eligibility is based off 3 months income multiplied by 4 or 12 months income; whichever is less will be used to determine the percent of Financial Assistance in which the patient qualified. Cass County Memorial Hospital grants Financial Assistance to patients with incomes up to 200% if the Federal Poverty Guidelines. If the patient does not qualify for 100% Financial Assistance write off, the patient can qualify for a smaller percentage. The percentages range from 10% to 100%, with 10% being the smallest percentage available. If the patient is eligible for Financial Assistance, but the percent they are eligible for is less than the 10%, they will be granted the 10% Financial Assistance.
9. Once the level of assistance is established (other than 100%) and approved, a payment schedule will be established according to departmental guidelines and the patient or guardian will be expected to fulfill that obligation.
10. Once an account has been determined to be eligible for financial assistance, prior to writing off to bad debt, a signature from the Director of Revenue Cycle or Chief Financial Officer must be obtained. The Patient Accounts Coordinator will be noted of Financial Assistance determination.

**C. Method by Which Patients May Apply for Financial assistance.**

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
  - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.
  - b. If necessary, the patient or the patient’s guarantor shall be provided with contact information for assistance with the financial assistance application process.
  - c. Include reasonable efforts by Cass County Memorial Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs.
  - d. Take into account the patient's income and family size.
  - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. It is preferred but not required that a request for financial assistance and a determination of

financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 3 months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

3. Requests for financial assistance shall be processed upon receipt of the completed financial assistance application. Cass County Memorial Hospital shall notify the patient or applicant in writing upon final approval as soon as possible after administrative review and approval.

**D. Eligibility Criteria and Amounts Charged to Patients.** Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines (FPG) in effect at the time of the determination. Once a patient has been determined by Cass County Memorial Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Cass County Memorial Hospital will charge patients qualifying for financial assistance are as follows:

1. Patients whose family income is at or below 100% of the FPL are eligible to receive free care.
2. Patients whose family income is above 100% but not more than 200% of the FPL are eligible to receive services at amounts no greater than the amounts generally billed to (received by the hospital for) commercially insured [or Medicare] patients.
3. Patients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Cass County Memorial Hospital; however the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) commercially insured [or Medicare] patients.
4. Upon determination of financial assistance eligibility, an individual will not be charged more than amounts generally billed for emergency or other medically necessary care.
5. The amount charged for any medical care provided to financial assistance eligible individuals shall be less than the gross charges for that care.
6. The eligibility criteria for Patient Financial Assistance are also outline on the attached Information Sheet. This information, along with the Federal Poverty Guidelines will be provided to any person inquiring about financial assistance, and constitutes part of this policy.

**E. Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Cass County Memorial Hospital could use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Out of State Medicaid with balance of \$2000 or less
2. Homeless, no known address or low income/subsidized housing is provided as a valid address

3. Food stamp recipient
4. Patient is deceased with no known estate

**F. Communication of the Financial Assistance Program to Patients and Within the Community.**

1. Notification about financial assistance available from Cass County Memorial Hospital, which shall include a contact number, shall be disseminated by Cass County Memorial Hospital by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as Cass County Memorial Hospital may elect. Cass County Memorial Hospital also shall publish and widely publicize a summary of this financial assistance policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital as Cass County Memorial Hospital may elect. Such notices and summary information shall be provided in plain language, and in the primary languages spoken by the population serviced by Cass County Memorial Hospital (available through translation services).
2. Referral of patients for financial assistance may be made by any member of the Cass County Memorial Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

**G. Relationship to Collection Policies.** Cass County Memorial Hospital management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from Cass County Memorial Hospital, and a patient's good faith effort to comply with his or her payment agreements with Cass County Memorial Hospital. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, Cass County Memorial Hospital may offer extended payment plans, 24 months, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Cass County Memorial Hospital will not impose extraordinary collections actions such as wage garnishments; liens on primary residences; foreclosures; attachments or seizing bank accounts; civil actions; writs of attachment; reports to credit agencies; sale of debt to a third party, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this financial assistance policy. Reasonable efforts shall include:

1. Notifying the patient or the patient's guarantor of financial assistance policies from the date of care to 120 days after the Cass County Memorial Hospital provides the patient or the patient's guarantor with the first billing statement for the care. Notifications by Cass County Memorial Hospital shall include:
  - a. A plain language summary of the financial assistance policy and an offer of a financial assistance application is provided upon request at the time of admission to the facility.
  - b. Written notice will be provided on all billing statements and billing correspondence informing patients about availability of financial assistance under the financial assistance policy, including contact information and website for more information.

- c. Providing at least one written notice about the extraordinary collection actions Cass County Memorial Hospital may take if the individual does not submit a financial assistance application, establish a payment plan, or pay the amount due by a date no earlier than the last day of the 120 day period.
  - i. Bad Debt Status/Collections (reference CCMH Credit & Collections Policy)
    - a. The following accounts will fall under consideration for placement to bad debt.
    - b. Accounts where efforts have been made to identify a correct mailing address through available locator tools and available contact information result is no valid mailing address as confirmed by the returned mail documenting lack of forwarding address.
    - c. Accounts where the guarantor has not responded to statements mailed, and no payment has been received, or no payment arrangement has been made within 120 days of the account being assigned to the self-pay agency (Avadyne).
    - d. Accounts where the guarantor has broken the payment plan arrangement established with the self-pay agency (Avadyne), and the account has been returned to CCMH as efforts exhausted.
    - e. To make reasonable efforts Cass County Memorial Hospital will notify individuals about the financial assistance policy before initiating any extraordinary collection efforts to obtain payment.
      1. In the case of an individual who submits an incomplete financial assistance application during the 240 day application period, the patient will be notified about how to complete the financial assistance application and gives the individual a reasonable opportunity to do so, 30 days.
2. In the event Cass County Memorial Hospital receives an incomplete financial assistance application within the 120 days after Cass County Memorial Hospital provides the patient or the patient's guarantor with the first billing statement for care, Cass County Memorial Hospital shall:
  - a. Suspend all extraordinary collection actions against the patient.
  - b. Provide written notice to the patient or patient's guarantor of the information necessary to complete the financial assistance application.
  - c. Provide written notice of extraordinary collection actions Cass County Memorial Hospital may take if information is not submitted, payment plan established, or amounts are not paid within 240 days of the issuance of the first billing statement for the care.
3. Validating that the patient owes the unpaid bills and that all sources of third party payments have been identified and billed by the hospital.
4. Documentation that Cass County Memorial Hospital has or has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and that the patient has not complied with the hospital's application requirements.
5. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

6. Upon a determination of financial assistance eligibility, Cass County Memorial Hospital shall made an adjustment to the amount charged to the individual in accordance with this policy.

**H. Regulatory Requirements.** In implementing this Policy, Cass County Memorial Hospital management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

**ATTACHMENTS:**

- Patient Financial Assistance Program Information Sheet
- Patient Financial Assistance Application
- Financial Assistance Policy: Plain Language Summary

(Insert Department Director’s Name & Title): \_\_\_\_\_ Date: \_\_\_\_\_

(Insert Chief Operation Officer Name & Title): \_\_\_\_\_ Date: \_\_\_\_\_

**References:**

<http://aspe.hhs.gov/POVERTY/>

<https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

Credit & Collection Policy, add reference number when assigned.

**Nonclinical Disclaimer:** Decisions to adopt these guidelines are based on circumstance presented by individual scenarios. The recommendations in the guidelines may not be appropriate for use in all circumstance

**Policy and Procedure Change Summary (Record only the most recent changes)**

Date	Section	Description of Change
6/4/2019		Policy rewrite for effective date 7/1/2019.
1/15/2020		Attachments, update Income Poverty Guidelines
4/21/2020	B. 5.	Update for declaration of a major disaster

Reviewed Annually  
 Updated: (7/1/2020)  
 Reviewed: