



SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>	POLICY REFERENCE: <b>B O 4000</b>
SOURCE:	DATE EFFECTIVE: <b>07/04</b>
DEPARTMENT: <b>FINANCIAL SERVICES</b>	DATE REVISED: <b>6/16; 04/17, 6/17; 4/18, 7/19; 6/20, 10/20, 8/22</b>

## **POLICY**

Compass Memorial Healthcare (CMH) and Clinics is committed to providing remarkable healthcare that makes a difference to the communities we serve. CMH is dedicated to the view that emergency and other non-elective medically necessary care should be accessible to all, regardless of age, gender, race or ability to pay. CMH is committed to providing health care services and acknowledges that in some cases an individual will not be financially able to pay for services received.

The Financial Assistance Policy provides guidelines for financial assistance to eligible uninsured individuals, as well as underinsured individuals receiving emergency or other non-elective medically necessary services covered by this policy, based on financial need. This Financial Assistance Policy will also provide guidelines for amounts that will be charged to all uninsured individuals that receive emergency or medically necessary services covered by this policy. Covered services are listed in **Attachment A** within.

## **POLICY DEFINITIONS**

**Amount Generally Billed or AGB-** Amounts generally billed by CMH for emergency services or medically necessary services to individuals who have insurance covering such care.

**Application Period-** Period of time commencing at the beginning of a patient's continuum of care through 240 days after the provision of the patient's first post-discharge billing statement.

**Covered Services-** Emergency and other medically necessary services provided by the hospital described within.

**Emergency Services-** Care or treatment provided by CMH for an "emergency medical condition", as such term is defined in EMTALA.

**EMTALA-** Emergency Medical Treatment and Active Labor Act

**Guarantor-** The individual that is financially responsible for the payment of services.

**Federal Poverty Guidelines-** Federal poverty guidelines as published annually by the U.S. Department of Health and Human Services. See <http://aspe.hhs.gov/poverty/index.cfm> for the current guidelines.

**Household Income-** The annualized gross income for the guarantor and all members of the household being claimed on the same federal tax return.

**Insured Patients-** Individuals with any governmental, commercial, managed care or private health insurance.

**Medical Necessary Care-** Reasonable and necessary services required for the diagnosis and/or treatment of an illness, injury or pregnancy-related condition that are performed in accordance with recognized standard of care at the time of service and that are not primarily for the convenience of the patient or the patient's physician or other health care provider.

**Patient** - the individual receiving medical treatment. The patient's financial position shall be the basis for determination of financial need. However, in the event the patient is an unemancipated minor, the household income of the guarantor shall be the basis for such determination.

**Uninsured Patients-** Individuals who do not have governmental, commercial, managed care or private insurance or whose insurance benefits have been exhausted.

## PROCEDURE

### Notification of Financial Assistance

Compass Memorial Healthcare and Clinics will communicate the availability of financial assistance to all patients within the community. Copies of the Financial Assistance Policy (Policy FS 4000), Financial Assistance Application, and Plain Language Summary will be available by mail, online at [compassmemorial.org](http://compassmemorial.org), and in person at the hospital and all clinics.

The Compass Memorial Healthcare Business Office is available by phone at 319-642-5543 to answer questions about the policy.

Compass Memorial Healthcare and Clinics have a Plain Language Summary of this policy:

- The Plain Language Summary will be available by mail, online at [www.compassmemorial.org](http://www.compassmemorial.org), and in person at the hospital and all clinics.
- The Plain Language Summary will be offered to patients as part of the intake and/or discharge process. In addition, a copy of the Financial Assistance Policy summary, along with an application for financial assistance will be provided to patients upon request or notification of inability to pay for services.
- The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. Accounts Collections Policy (FS 4002) contains additional detail about billing and collection practices and may be obtained at the hospital.

All patient statements will include a Plain Language Summary of the Financial Assistance Policy, along with instructions on how to apply for financial assistance. In addition, any accounts with unpaid balances on the 45<sup>th</sup> day from the date the first bill was issued, will be contacted by an account specialist (through Med Plan), via telephone, in regard to the amounts due for the care provided. If the guarantor expresses concern regarding the ability to pay, the account specialist will provide information regarding the availability of financial assistance and how to apply

This Financial Assistance Policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations constitutes the lesser of 1,000 persons or more than 5% of the community served by the hospital and clinics. These translated documents will be available by mail, online at [www.compassmemorial.org](http://www.compassmemorial.org), and in person at the hospital and clinics.

These notices and documents may be provided electronically.

### Uninsured/Underinsured Patients

Patient Access Specialist will explain Presumptive Eligibility to all individuals who present for services at Compass Memorial Healthcare and Clinics with no insurance coverage. Refer to Patients with No Proof of Insurance (PA5502). If the individual is approved by Medicaid through the presumptive eligibility site, the visit will be covered. If the individual does not qualify for Medicaid and/or refuses to complete Presumptive Medicaid Application, the individual will be given the Financial Assistance Plain

Language Summary, Financial Assistance Policy and the Financial Assistance Application.

- Before approval of Financial Aid, the guarantor will be required to show proof of Medicaid Application.
- In addition, the amount billed to the individual will not exceed the amount generally billed to Medicare patients (15% discount), prior to receiving the Financial Assistance Application.

### **Application Process**

To be considered for financial assistance, the guarantor must provide proof of application to Medicaid, complete the Financial Assistance Application, and provide appropriate documentation as outlined in the application.

- For those patients that were denied Medicaid within the past 3 years due to income, with no significant changes in their income per the most current year of their Federal Income Tax the following documents will be used:
  - They will complete the Pre-Screening Self-Assessment Tool on the DHS website
  - Print the completed Financial Summary and Your results
  - A copy of the most recent Medicaid denial from the previous 3 years.

Financial Assistance Applications are available by contacting the Business Office at CMH via telephone at (319) 642-5543, in person at the Compass Memorial Healthcare and Clinics and online at [www.compassmemorial.org](http://www.compassmemorial.org).

Completed applications should be returned in person at Compass Memorial Healthcare or by mail to  
 Compass Memorial Healthcare  
 Attn: Business Office  
 300 W. May Street  
 Marengo, Iowa 52301.

CMH reserves the right to ask for additional documentation if necessary or upon receipt of an incomplete application. CMH will contact the patient or guarantor by phone or letter to request additional information.

### **Time Period for Submission of an Application**

CMH will accept and consider Financial Assistance Applications submitted at any time up until the date that is **240 days** after the date of the first billing statement issued by CMH to the guarantor for the services. Applications during this time frame will be considered even if the account has already been placed with a collection agency; if such application is received for financial assistance, collection efforts will be terminated or modified as appropriate based on the financial assistance determination

### **Determination of Qualification**

Financial assistance will be determined by:

- Measure of income of the household of the guarantor and the household of any other adult responsible for the patient against the current poverty guidelines established by the US Department of Health and Human Services. Income in the Household will be considered when claimed on Federal Income Taxes, including gross wages, government payments, including but not limited to tax refunds and Social Security payments, pensions, alimony, child support, unemployment compensation and any payments that are considered taxable income by the US Internal Revenue Service. College students applying for financial assistance will be required to send in parent's income taxes, if they claim the student.
- Patients receiving benefits from Iowa Medicaid and/or out of state Medicaid will be presumed eligible for 100% financial assistance without completing the Financial Assistance Application. Documentation supporting the Patient's qualification for or participation in the program must be obtained and kept on file.

Financial assistance will not be granted if accounts are related to a personal injury claim, lawsuit, workers compensation or probate of estate as examples. Financial assistance only applies to the patient's liability portion of the charge after all other third-party payments are applied.

Financial assistance for accounts previously turned over to the collection agency for bad debt are eligible for financial assistance if they meet the guidelines.

The CEO and/or Director of Finance have the authority to approve any services that are deemed

not medically necessary on a case by case basis to be eligible for financial assistance.

The CEO and/or Director of Finance may consider applying financial assistance retroactively to visits from the prior six months to one year for guarantors who qualify.

**Discount Percentage**

The measure for financial assistance will be based on the US Department of Health and Human Services Federal Poverty Guidelines. Anyone applying for financial assistance that has a Household income at or below 300% of the Federal Poverty guidelines will qualify for a 100% discount for medically necessary services provided. Please see attachment B for the US Department of Health and Human Services Federal Poverty Guidelines Household Income chart.

**Approval/Denial of Application**

A determination of qualification for financial assistance will apply with respect to all medical necessary services rendered, and charges incurred, during a period commencing with the date of the original services for which financial assistance was sought and continuing for 365 days after financial assistance qualification was determined. Additional services rendered and charges incurred after such date will require the completion of a new application as described within.

Notification of the determination will be sent in writing, generally within 30 days, after receiving a completed Financial Assistance Application Form.

**Attachment A: Services Included/Excluded from Financial Assistance Policy**

SERVICE	STATUS
Family Medical Clinics <ul style="list-style-type: none"> <li>• Williamsburg</li> <li>• Marengo</li> <li>• North English</li> </ul>	Included
Inpatient Hospital Services <ul style="list-style-type: none"> <li>• Acute</li> <li>• Skilled</li> <li>• Observation</li> </ul>	Included
Inpatient Physician Fees	Included
Extended Care Hospital Service	Excluded
Palliative Care	Excluded
Emergency Department	Included
Emergency Department Physician Fees	Included
Imaging Services <ul style="list-style-type: none"> <li>• XRay</li> <li>• CT</li> <li>• Bone Density</li> <li>• Ultrasound</li> <li>• Mammography</li> <li>• MRI</li> </ul>	Included
Imaging Services Interpretation Fees	Excluded
RMS	
Laboratory Services	Included
Laboratory/Pathology Interpretation Fees	Excluded
Respiratory Therapy Services <ul style="list-style-type: none"> <li>• EKG</li> <li>• Holter Monitor Testing</li> <li>• Pulmonary Function Testing</li> <li>• Sleep Study</li> <li>• EEG</li> </ul>	Included
EKG Interpretation Services-Cardiology P.C.	Excluded
Holter Monitor Interpretation Services	Excluded
Pulmonary Function Testing Interpretation Services-Dr. Alan Mohr	Excluded
Surgical Services <ul style="list-style-type: none"> <li>• Procedures Not Medically Necessary</li> <li>• Facility Charges for Medically Necessary Procedures</li> <li>• Physician Fees for the following Surgeons: <ul style="list-style-type: none"> <li>▪ Dr. Mark Siebrecht, DPM (Podiatry)</li> <li>▪ Dr. Douglas Cooper, MD (Orthopedics)</li> <li>▪ Dr. George Miller (General Surgery)</li> <li>▪ Dr. Kahlil Andrews, MD (Plastics)-Medically Necessary</li> </ul> </li> <li>• Physician Fees for the following Surgeons: <ul style="list-style-type: none"> <li>▪ Dr. Michael Reed (ENT Medical Services)</li> <li>▪ Dr. L. Birchansky (Fox Eye)</li> <li>▪ Dr. Kahlil Andrews, MD (Plastics) - Elective</li> </ul> </li> </ul>	Excluded Included Included Excluded
Anesthesiology Services	Included
Outreach Clinics <ul style="list-style-type: none"> <li>• ENT-Dr. Michael Reed</li> <li>• Nephrology-Dr. Jason Cogdill</li> <li>• Cardiology-Cardiology P.C</li> </ul>	Excluded Excluded Excluded

• Dermatology-Dr. John Wolner	Excluded
• General Surgery-Dr. Miller	Included
• Pain Clinic	Included
• Pulmonology-Unity Point Multi Specialty Clinic	Excluded
• Orthopedics-Dr. Douglas Cooper	Included
• Oncology-Dr. Chirantan Ghosh	Included
• Podiatry-Dr. Mark Seibrecht	Included
• PT, OT, ST Therapies	Included
• Cardiac Rehab	In

**Attachment B: US Department of Health and Human Services Federal Poverty Guidelines  
Household Income chart**

	Family Size	1	2	3	4	5	6	7	8	9	10	12
% of Poverty Level	Discount	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range	
0 – 300%	100%	\$-\$39.29-	\$0-\$51,720	\$0-\$65,160	\$0-\$78,600	\$0-\$92,040	\$0-\$105,480	\$0-\$118,920	\$0-\$132,360	\$0-\$145,800	\$0-\$159,240	\$

For families/households with more than 10 persons, add \$13,440 for each additional person