

# **Cimarron Memorial Hospital**

## **Financial Assistance and Charity Care Policy**

The Financial Assistance and Charity Care Policy has been established to provide financial relief to those who are unable to meet their financial obligation to the Cimarron Memorial Hospital and Rural Health Clinic.

As this program is an internal program, the benefits for this program only extend to services at Cimarron Memorial Hospital and Rural Health Clinic. The most recent federal poverty income guidelines will be used to determine eligibility and % of discount/write off. (Appendix A)

### **Eligibility**

Patient eligibility will be based on the following information:

- The patient must be a resident of Cimarron County or within 25 miles of the county boundaries for a minimum of the last 6 months consecutively.
- All inpatient, outpatient and clinic accounts are eligible for the sliding fee scale.
- The most current Federal Poverty Guidelines. (Appendix A)
- An application must be filled out by the patient/guarantor. (Appendix B) All required and requested information must be provided.

### **What information is required:**

- Completed Application (Incomplete application will be denied and returned to the applicant).
- Most recent tax filing for all household members who file in the year the application is for (only required once in a 1 year application period unless there have been changes)
- Bank Statement for the most recent 3 month period for all wage earners in the household.
- Resources from saving and checking accounts, certificates of deposit, etc for the most recent 3 month period for all wage earners in the household.
- Proof of alimony, child support, Workers compensation, tips, insurance coverage and all other miscellaneous forms of income (only required once in the one year application period unless there have been changes).
- Proof you have applied for Medicaid and/or Affordable Healthcare and was denied or proof it was not financially possible. Proof you have exhausted all benefits from state or federal assistance programs for which the patient/guarantor may be eligible.

### **Determination of Financial Need**

The program will be administered according to the following guidelines:

- The application information, along with the federal income tax returns, will be reviewed and verified by a patient account representative or the Business Office Manager. Any information obtained for the purpose of this program will be confidential and will not be released without consent of the patient or guarantor. These documents will be retained for 7 years as required by law.
- A determination of eligibility will be made within 30 working days of the completed application. The patient will be informed of the decision in writing within that time.
- Family size will be determined by the information for the application and federal income tax returns.
- After reviewing income and expenses, a determination will then be made as to the benefit the application is eligible for, based on the Income Tax and Federal Poverty Level guidelines.
- Confirmation of the determination will then be made by writing to the applicant. The confirmation will state the amount of discount the patient is eligible for.
- Each application will be considered effective for 3 months, at which time verification of income shall be requested to assure there has not been a substantial increase of income. The applicant will only have to submit their federal taxes one time a year unless your tax filing has changed or been updated.
- If there has been a substantial increase in income the Hospital reserves the right to adjust the benefit to meet the new information. This adjustment can only be done every 3 months.

### **Application Period**

Each Application is for the current year. Once approved, Cimarron Memorial Hospital and Rural Health clinic shall provide financial assistance or Charity Care according to determination of need and will require review of financial information ever 3 months from the date of approved application. If income has changed the discount will be adjusted for the next three month period. Charity write offs or Financial Assistance discounts will only cover the dates of service for the year in which the application was submitted.

Eligibility will expire at the end of the year but may be reviewed with completion of a new application.

### **What is Covered:**

This policy covers services provided at Cimarron Memorial Hospital and Rural Health Clinic as well as our Physicians and Midlevel caregivers. See Appendix C for a full listing of providers covered under this policy. This listing will be reviewed and updated as changes are needed.

All insurance and third party payer claims must be resolved to a self pay status before they are eligible. Emergency and medically necessary treatment will be covered.

**What is NOT Covered:**

Services not eligible for financial assistance or Charity Care include elective procedures that are not medically necessary, as well as services not typically covered by most health insurances. This includes but is not limited to weight loss programs, Saboxone services, DOT services, or procedures considered to be cosmetic or experimental. If there is a question if your service will be covered, a determination will be based on consultation with the patients Physician or Midlevel Care giver.

Services received from care providers not employed or contracted with our facilities such as the ambulance service, Radiology reading and reporting services or other outsourced services. Patients are encouraged to contact these providers directly to inquire into available assistance and make payment arrangements. See Appendix C for providers not covered under this Financial Assistance and Charity Care Policy.

**If you receive discounted care or free care you will not be charged more than the amount we generally bill patients who have insurance coverage.**

**Final application approval will be made by the CEO if the amount is up to \$7500.00, or the board of Trustees if the amount is above \$7500.00.**

You can obtain a free copy of the Financial Assistance and Charity Care Policy and an application at the CMH Business Office, the hospital registration area, or the Emergency Room area, located at 100 South Ellis in Boise City OK 73933. You can also pick up an application at our Rural Health Clinic registration area located at 101 South Ellis Boise City OK 73933. Visit our website: [www.cimarronmemorialhsopital.org](http://www.cimarronmemorialhsopital.org), for more information regarding our financial programs and information, to find the financial application, and a list of providers who accept the CMH financial assistance and charity programs. Please call 580-544-2501 for more information or to have us mail you financial assistance application.

Cimarron Memorial Hospital Business Office Hours: Monday –Friday 8:00 am to noon and 1:00 pm to 5:00 pm  
Cimarron Memorial Rural Health Clinic Hours: Monday –Friday 9:00 am to noon and 1:00 pm to 4:00 pm  
Emergency Room Hours: 24 hours a day

Note: Incomplete applications or those missing required or requested information cannot be processed and will be returned for additional information.

Approved 10/22/2020