



CAMERON
MEMORIAL COMMUNITY HOSPITAL

Cameron Memorial Community Hospital

Financial Assistance Policy

This Policy is applicable to the following sites: Cameron Memorial Community Hospital, Urgent Care, Cameron owned physician practice services provided at Cameron Memorial Community Hospital (refer to Appendix A for more details).

1. Purpose

This policy is intended to establish guidelines for a structured procedure so as not to exclude anyone from seeking medical services on the grounds that such a person may not have adequate resources to pay for those services rendered at Cameron Memorial Community Hospital. It is intended to address those that do not have the ability to pay and to offer a discount from billed charges for those who are able to pay a portion of the costs of their care. This policy set forth the basic framework for the Hospital and all entities that are owned, leased or operated by Cameron Memorial Community Hospital. Upon adoption by the Board of Directors, this policy represents the official financial assistance policy, herein called the FAP, and follows the guidelines set forth in the Internal Revenue Code Section 501(r). Cameron Memorial Community Hospital also reserves the right to attempt by the use of all legal means to recover payment for those medical services received at the Hospital.

DEFINITIONS

The definitions section serves to provide clarification around the terms used within this policy.

Amounts Generally Billed (AGB)

The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Family

Based on the U.S. Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If the patient claims someone as a dependent on the income tax return, they may be considered a dependent for the purposes of financial assistance.

Family Income

Determined using the U.S. Census Bureau definition, which considers the following sources as income in relation to the federal poverty guidelines:



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Earnings, unemployment, workers' compensation, Social Security, Supplemental Security Income, public assistance, veteran's 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 any income from other miscellaneous sources. If a child is claimed on their parent's income taxes and is over the age of majority, the parent's income will be used in calculation family income. The temporary increase in income for unemployment during COVID will not prevent someone from qualifying for Financial Assistance. Other consideration, such as household size, would need to be calculated to make the final determination.

Financial Assistance

Program designed to aid in the payment of medical services deemed as emergent or medically necessary and a demonstrated inability to pay for services based on income guidelines and eligibility criteria outlined in this policy.

Medical Necessity

Emergency medical services provided and services for conditions which, if not promptly treated, would lead to an adverse change in the health status as determined by a qualified healthcare provider.

Open AR

For purposes of this policy, Open AR is considered to be accounts that currently reside with Cameron Memorial Community Hospital and are not yet placed with an outside agency.

Uninsured

Also referred to as "self-pay", patients that do not have insurance coverage or third party assistance to meet the payment obligations for the provided medical services.

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.

2. Policy

The Cameron Memorial Community Hospital Financial Assistance Policy ("FAP") has been developed to ensure that financial assistance for emergency or medically necessary services is provided to eligible individuals. Regardless of eligibility determination, confidentiality of the information submitted and dignity shall be maintained for all that seek financial assistance. The



policy was created with the purpose of satisfying requirements outlined in Section 501r of the Internal Revenue Code regarding financial assistance and compliance with emergency medical care policies. It is also meant to satisfy additional requirements associated with 501r regulations including reasonable notification efforts around the availability of financial assistance, limitations on patient financial responsibility, and billing and collection practices for those eligible under the financial assistance policy. Patients are expected to cooperate with the Hospital's procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay. This policy is contingent upon cooperation from the patient and return of requested information in order to make an evaluation of eligibility. The policy is based on the regulations under Section 501r in existence as of the effective date of this policy.

Cameron Memorial Community Hospital reserves the right to amend this policy in the event of any changes made to the regulations. In order to manage its responsibility and provide the appropriate level of assistance to the patient populations in need, Cameron Memorial Community Hospital establishes the following policy in order to best serve the community financial needs.

This policy will address the following:

- Eligibility criteria in order to be considered for financial assistance
- Methods for applying for financial assistance
- Limitations on patient financial responsibility for those eligible for financial assistance
- Billing and collection practices in the case of non-payment
- Efforts to widely publicize the financial assistance policy

Eligibility

Eligibility for Cameron Memorial Community Hospital's financial assistance program shall be considered for patients that are uninsured, insured or underinsured and are unable to pay for their medically necessary care, based upon a determination of financial need in accordance with this policy. Patients are eligible to receive financial assistance after insurance payment(s) on balances (such as deductibles, co-pays and coinsurance) if they meet the eligibility requirements as described in this policy. Eligible services are those that are medically necessary as determined by a qualified provider, including emergency medical services provided in an emergency room setting, and services for conditions which, if not promptly treated, would lead to an adverse change in health status. A listing of providers that participate with this policy in providing emergent or medically necessary services is maintained in a



separate document and can be obtained free of charge by calling or submitting a request in writing to the Cameron Memorial Community Hospital Financial Services Department (see Appendix A for contact information).

In order to be considered for financial assistance, a patient must submit an accurate and complete Cameron Memorial Community Hospital Financial Assistance Application by the required due date (i.e., no later than the 240th day after Cameron Memorial Community Hospital provides the patient with the first billing statement for services received). This policy is intended to apply to those patients who are legal citizens of the United States of America, and reside in the service area of Indiana, Ohio and Michigan. Cameron Memorial Community Hospital Financial Counselors are available to provide assistance in applying for Indiana Medicaid coverage for eligible patients, and if determined eligible, there is an expectation that patient will cooperate in applying for such coverage. If a patient requests assistance in enrollment with the health insurance exchange, Cameron Memorial Community Hospital Financial Counselors can provide referral for assistance with enrollment. Eligibility will be determined based on the application date. The financial assistance determination will be valid for medically necessary services for 6 months from the date of the signed application. Adjustments on prior service dates will be considered if determined to be emergent or medically necessary and account is in Open AR not already placed with an agency.

The following FPL-based eligibility scales have been created in accordance with the Section 501r regulation requirements that those approved for financial assistance shall not be responsible for more than AGB for applicable services. Family income as a percentage of FPL and the associated discount percentage are outlined below:

Family Income as a Percentage of FPL	Discount Percentage
Up to 100%	100%
Up to 150%	85%
Up to 200%	75%
Up to 250%	65%
Up to 300%	55%
Up to 350%	38%

Catastrophic circumstances may be considered by request if both of the following situations are met: 1.) The patient applies and already qualifies for financial assistance within the current FPL discount scale with less than a 100% discount 2.) A single admission results in at least \$10,000 in patient responsibility. If both conditions are met, the account would be reviewed for a 100% adjustment.



Determination of qualifying financial assistance is subject to change if it is discovered that information was withheld or circumstances change at any time within the eligibility period. If information provided as part of the eligibility determination is later determined to be inaccurate, Cameron Memorial Community Hospital shall have the right to hold the patient accountable to provide payment for services received. Failure to complete the requested information or return necessary documentation can result in ineligibility for financial assistance.

Applying for Financial Assistance

Efforts shall be made to evaluate financial assistance eligibility for those that are uninsured and deemed potentially eligible by Cameron Memorial Community Hospital Financial Counselors at the Hospital during or in advance of services, but determination may also be made after the billing cycle has begun. Patients that present with insurance for their services shall not be targeted for proactive screening by a Cameron Memorial Community Hospital Financial Counselor as they are not immediately identified as potentially eligible, but are eligible to apply and receive the same financial assistance offered to those that are uninsured. In addition to self-referral, referral of patients seeking financial assistance may be made by any member of the Cameron Memorial Community Hospital staff, including physicians, nurses, financial counselors, social workers, case managers and chaplains.

The return of requested information shall be deemed necessary to make an eligibility determination. The patient's ability to pay, including income and assets, shall be taken into account when determining eligibility and adjustment amount. In addition to completing the Cameron Memorial Community Hospital Financial Assistance Application based on the instructions provided, the following supporting documents will be needed to make an eligibility determination. Failure to provide any of the following information will disqualify the applicant from eligibility

- Pay Stub(s) displaying YTD (Year to Date) income, or income verification letter from employer
 - At least 4 weeks of income must be documented on pay stub(s), if not additional supporting income documentation must be submitted up to and including a notarized statement of income signed by both the employer and the applicant.
- If self-employed, prior year's personal tax return and tax return for the individual's business including all schedules. If applicant does not file taxes and cannot provide any other valid source of documentation, applicant will be disqualified.
- If unemployed, all yearly unemployment check stubs, a print-out from state website, or written proof of ineligibility for benefits.
- If receiving Social Security Benefits, provide a check stub, bank statement showing direct deposit, or copy of letter showing monthly benefit.



- Documentation of additional income sources such as child support, pension, rental income, educational income or any other source of income as outlined in the Cameron Memorial Community Hospital Financial Assistance Application must be included in order to make an accurate eligibility determination.

Cameron Memorial Community Hospital reserves the right to request additional documentation before making a final financial assistance determination, including, but not limited, to a Medicaid denial letter, bank statements, proof of assets, HSA (Health Savings Account) or FSA (Flexible Spending Account) statements (s), driver's license or state ID, and disclosure of claims and/or income from personal injury and/or accident related claims.

In the case of an incomplete application, the patient shall be notified detailing additional information necessary to consider the application complete. The patient shall be allowed 10 business days (if notice provided vial mail, from post-marked date; if notice provided in person or electronically, from date notice provided) to return the requested information or the application shall be considered incomplete and a denial can be issued. If the patient needs additional clarification or assistance with understanding what is expected of them, contact must be made within this timeframe in order for an extension to be considered.

For completed applications, an evaluation shall be made based on all application data, dependency status, and supporting documentation. Cameron Memorial Community Hospital Financial Assistance staff shall make an eligibility determination within 30 days following the receipt of the completed Cameron Memorial Community Hospital Financial Assistance Application with requested documentation. Cameron Memorial Community Hospital shall provide notification to patients of the determination as well as the basis for the decision.

Presumptive Eligibility

Presumptive methods may be used in some instances to determine financial assistance eligibility. Methods may include previously submitted application data, external publically available date sources that provide information on the patient's ability to pay (such as credit scoring), or other program enrollment resources if patient lacks documentation that supports eligibility. For example, eligibility may be determined presumptively for homeless patients, those who already receive assistance in a state or federally-funded program, the patient resides at an address that indicates subsidized housing, or the patient is deceased with no known estate. In the case that presumptive eligibility is used and results in less than a 100% discount, patients shall be made aware of more generous discounts that are available.



Exclusions

The following scenarios or services will be excluded from consideration for financial assistance eligibility:

- Coverage of services such as cosmetic surgery, elective procedures, and any encounters unrelated to an emergent or medically necessary service.
- Patients who have another available coverage option, such as Medicaid, automobile, worker's compensation, liability, employer coverage, etc., and do not take the necessary steps to secure the coverage.
 - Patients who decline to apply for Medicaid when they are eligible under the state guidelines.
 - The patient was injured as a direct result of an accident involving his/her motor vehicle and the patient did not maintain the required insurance on the motor vehicle.
 - Self-employed patients who do not have worker's compensation insurance and are injured on the job (self-employed LLC).
- Patients with insurance who failed to follow the insurance company's rules for pre-certification, or seek treatment at a Cameron Memorial Community Hospital facility when Cameron Memorial Community Hospital is not the preferred provider for the insurance plan (except in emergency situations).
- The patient has a balance in their HSA (Health Savings Account) or FSA (Flex Spending Account). These accounts must show a zero balance before eligibility determination shall be made.
- Charges as a result of collection agency referral such as court costs, filing fees, interest and/or attorney fees.

EMTALA

In coordination with the Cameron Memorial Community Hospital's emergency medical care policies and the Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C 1395dd). Cameron Memorial Community Hospital is committed to provide without discrimination care for emergency medical conditions regardless of ability to pay. The Hospital is committed to ensure the patient's ability to pay for services provided has no bearing on the delivery of stabilizing treatment in situations where emergency care is required.



Limitations on Patient Financial Responsibility

In accordance with Section 501(r) (5) of the Code, in no case shall an FAP-eligible individual be responsible for more than amounts generally billed (AGB) for emergency and other medically necessary care. The AGB for the purposes of this policy was determined using the look-back method.

The AGB for the Hospital shall be re-calculated on at least an annual basis and any updates shall be reflected in the policy. Additional information on the specific AGB percentages or calculation methods can be obtained free of charge by calling or submitting a request in writing to the Cameron Memorial Community Hospital Financial Services department (See Appendix A for contact information).

Billing and Collections

In the event of non-payment after proper notification of the availability of financial assistance, actions may be taken to collect on balances owed. Reasonable efforts shall be made to determine eligibility and provide notification of available financial assistance in accordance with 501(r) regulations prior to the collection agency placement or extraordinary collection action (ECA) initiation. ECA's may include reporting to credit agencies, and judicial or legal actions such as liens or garnishments. At least three (3) statements delivered by mail or electronically will be issued to the responsible party if there is an outstanding balance before consideration for collection agency referral.

Prior to initiation of any ECA's, at least one statement will include notice of collection agency referral and potential ECA's. Such statement will be provided at least 30 days before the initiation of any ECA, and the Cameron Memorial Community Hospital Plain Language Summary will accompany this notification. It is expected that the patient's address provided to Cameron Memorial Community Hospital is valid; if notice is provided to the address on file, reasonable efforts to provide notification in accordance with Section 501r of the Code will have been met. Credit reporting may take place as soon as 90 days from collection agency list date (at least 210 days from first billing statement for services received), and additional judicial or legal actions as soon as 120 days from collection agency list date (at least 240 days from first billing statement for services received).

If a request for financial assistance is made on an account that is with the collection agency no later than the 240th day after Cameron Memorial Community Hospital provides the patient with the first billing statement for services received, collection activity shall be suspended for 15 days in order to allow the patient reasonable time to submit an application. If the patient submits an application during this hold period, Cameron Memorial Community Hospital Financial assistance staff will notify the agency to suspend any further collection actions for up to 30 business days until an eligibility decision has been reached. If the application submitted is incomplete or additional documentation is required, the patient



will be notified and allowed 10 business days from provided date to return requested documentation in order to continue the evaluation process.

If the patient meets criteria for a full adjustment, an approval shall be issued and the account returned to Cameron Memorial Community Hospital from the collection agency, ECA's may be reversed if they have already been initiated. If the evaluation results in a partial adjustment, a determination will be sent indicating the new balance and ECA's may be reversed if already initiated. If the patient does not provide completed application information or is not eligible for financial assistance based on evaluation, a denial will be issued and the agency will resume collection activity.

The Cameron Memorial Community Hospital Financial Assistance staff and management are responsible for ensuring reasonable efforts have been met on applicable accounts prior to any ECA initiation. Cameron Memorial Community Hospital and their external collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file litigation, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection. Cameron Memorial Community Hospital and authorized external collection agencies may also take other actions, including, but not limited to, telephone calls, emails, texts, mailing notices and skip tracing to obtain payment for medical services provided.

Publications

The following measures are taken with the intent to make reasonable efforts to inform and widely publicize the availability of Cameron Memorial Community Hospital's FAP to patients and the public in accordance with Section 501(r) requirements:

- Information will be displayed in emergency, admitting and financial services departments' waiting areas referencing the availability of financial assistance.
- The Cameron Memorial Community Hospital Plain Language Summary will be offered as part of the discharge or intake process for those patients receiving services at the Hospital.
- Free paper copies of financial assistance documents (Cameron Memorial Community Hospital Financial Assistance Policy, Cameron Memorial Community Hospital Financial Assistance Application and the Cameron Memorial Community Hospital Plain Language Summary) can be obtained from the emergency, admitting and financial services departments within the Hospital or can be requested by mail from the Cameron Memorial Community Hospital Financial Services Department (see Appendix A for contact information).
- Reference to the availability of financial assistance will be included on each of Cameron Memorial Community Hospital's billing statements, and notification of ECA's Cameron Memorial Community Hospital or an authorized collection agency may intend to take shall be made at least 30 days prior to initiation.



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- The Cameron Memorial Community Hospital Financial Assistance Policy, Cameron Memorial Community Hospital Financial Assistance Application, and Cameron Memorial Community Hospital Plain Language Summary will be posted on Cameron Memorial Community Hospital's website in English and Spanish. (www.cameronmch.com)
- Oral notification of the availability of financial assistance.
- Notifying the community of the availability of financial assistance, in a manner reasonably expected to reach those members of the community who are most likely to require financial assistance from the Hospital, and any other methods of publication or distribution as determined by Cameron Memorial Community Hospital to widely publicize the policy.



Appendix A

Services provided by these physicians and billed by Cameron Memorial Community Hospital will be eligible for the FAP. A complete list of physicians can be obtain at [CMCH Physicians](#)

Cameron Obstetrics

Cameron ENT

Cameron Orthopedics

Urgent Care of Cameron Hospital

Cameron Pediatrics

Cameron Family Medicine

Cameron Psychiatry

Services provided within CMCH and billed by these hospital-based physicians will not be eligible for the FAP.

Allen County Cardiology

Associated Anesthesiologists

Fort Wayne Radiology

Professional Emergency Physicians, Inc.

Radiation Oncology Associates

Hospital Care Group

Services provided by these physicians at CMCH are not eligible for the FAP.

Revised 10/18



Dr. Jonathan Alley

Angola Foot and Ankle Clinic

E.N.T. Associates, P.C.

Dupont Pediatrics

Family Practice and Orthopaedic Center

Fort Wayne Medical Oncology

Fort Wayne Neurological Center

Fort Wayne Neurology

Fort Wayne Orthopaedics

Gabet Family Dentistry

Holicki Eye Center

Dr. Jeffrey Justice

Lutheran Medical Group

Mattox Family Practice

Nephrology Associates of Northern Indiana

Northeast Indiana Urology

Northern Indiana Neonatal Associates

Northeastern Center

Orthopedics NorthEast

Parkview Physicians Group

Physical Medicine Consultants, LLC

PPG- Colon and Rectal Surgery

Skin Cancer & Cosmetic Dermatology

Revised 10/18



St. Joseph Medical Group

South Bend Medical Foundation

Summit Medical Associates, LLC

Women's Health Advantage

Appendix B

Cameron Memorial Community Hospital (CMCH) Plain Language Summary

CMCH's Financial Assistance Program is for patients who are in need of or already had emergency or medically necessary care and are not able to pay. You may be approved if:

- You are a resident of Michigan, Ohio, or Indiana and a US Citizen
- You have income at or below 350% of the Federal Poverty Level (FPL)
- You complete the Cameron Memorial Community Hospital Financial Assistance Application
- You provide the needed documents

Patients have 240 days from the first billing statement after discharge for those services to apply for financial assistance.

Discounts are calculated from the Amounts Generally Billed (AGB), which is based on a calculation using amounts received as reimbursement from insurance companies for services. Patients that are eligible for financial assistance will not be responsible for more than AGB for their services. Eligibility is determined using a sliding scale based on current Federal Poverty Guidelines if family income is at or below 350 percent of the Federal Poverty Level (FPL) www.healthcare.gov/glossary/federal-poverty-level-FPL.

CMCH's financial assistance staff will review applications. They will decide if patients are approved for full assistance, partial assistance or not eligible. The decision is made based on the application information, income, assets and some additional conditions that can be found in the full financial assistance policy. Patients will get a decision within 30 business days after a complete application is received. Applicants that need to provide more information before a decision is made will get a notice. The patient will have 10 business days from the date of the notice to return the



information.

To be approved for financial assistance, patients must return all documents. If information is not correct, or another solution is found, CMCH may not be able to help.

CMCH gives care for emergency medical conditions even if the patient can't pay. This policy is based on the guidelines provided in the Emergency Medical Treatment and Labor Act (EMTALA).

Free copies of the policy, application and policy summary in English and Spanish can be found on the website www.Cameronmch.com.

Copies are also located in the emergency, admitting and financial counseling departments. To get copies in the mail, call CMCH Financial Services Department at 260-667-5513

To apply for financial assistance or find out more about CMCH's financial assistance program, contact CMCH financial counselors: **CMCH Financial Counselors** are available Monday through Friday 8:30 a.m. to 4:30p.m.

