

CHIPPEWA COUNTY-MONTEVIDEO HOSPITAL & MEDICAL CLINIC

"CCMH is a unified health system dedicated to providing a lifetime of quality personalized care"

FINANCIAL POLICY

- A. **PRECERTIFICATION:** Most insurance companies now require pre-certification for hospital admissions. The patient is responsible for seeing that this is done. CCMH will help with this process if you request our assistance.
- B. **BILLING:** You will receive a bill from the HOSPITAL for the use of facilities and overhead, supplies, diagnostic tests, emergency room, physician charges, hospital personnel (i.e. nurses, techs, medical records services, housekeepers) etc. Similarly, you will receive a separate bill from the CLINIC for services performed there. In addition, you may also receive bills from one or more of the following for their professional services rendered. You will have to consult them about their billing procedures.
1. Satellite Computing (Willmar) for professional reading of X-rays and pathology specimens.
 2. River Valley Anesthesia for anesthesia services
 3. Other specialty physicians.
- C. **THIRD PARTY PAYERS:** If you provide us with your insurance information, we will file claims as follows:
1. Medicare and Medical Assistance will pay directly for any covered charges submitted, and we will then bill you for any remaining balance.
 2. We will need an assignment of benefits signed prior to submitting charges on your behalf to your Commercial Insurance or Worker's Compensation carrier. If they have not paid within thirty (30) days, the account will revert to self-pay.
 3. If your insurance company is causing you unnecessary delays, we would be happy to assist you in resolving these issues, or you could write to the insurance commissioner at the following address: Minnesota Commerce Department, Enforcement Division, 133 East 7th Street, St. Paul, MN 55101. Phone: 1-800-652-9747.
 4. We will not become involved in disputes arising from personal injury. Financial responsibility for our services always rests with the patient.
- D. **SELF PAYMENT OPTIONS:** Payment for deductibles, co-insurance, and non-covered items are due at the time of discharge. You will be assessed a finance charge of 8% per anum on the unpaid balance. We offer various options for payment of the portion of your account not covered by a third party payer.
1. If uninsured or underinsured:
 - a. Contact the county family service agency **immediately** to apply for medical assistance.
 - b. You should also apply for insurance to protect you from future medical expenses.
 - c. Refer to Hospital Charity Care guidelines for eligibility.
 2. Pay balance in full by cash, credit card or loan.
 3. Make arrangements to pay at least 10% of the balance remaining after insurance each month.
 4. If you need to set up an extended payment plan, ask about our "Loan Trac" program
- E. **DISPUTED BILLS / IDENTITY THEFT:** If you advise CCMH or its debt collection agency that you do not owe all or part of a bill, we will suspend further collection efforts until we are able to provide you with documentation establishing that you owe the debt. Such documentation will generally be provided in writing to the patient within ten (10) days, and further collection activity may be suspended for a period of thirty (30) days after providing proof that the debt is owed. CCMH may require documentation, such as a police report, to confirm allegations of identity theft.

CHIPPEWA COUNTY-MONTEVIDEO HOSPITAL

PATIENT NOTICE OF FINANCIAL AID

Chippewa County-Montevideo Hospital (CCMH) is proud of its public mission to provide quality care to all who need it, 24 hours a day, seven days a week, 365 days a year.

If you do not have health insurance and worry that you may not be able to pay in full for your care, we may be able to help. CCMH provides financial aid to patients based on their income, assets, and needs. In addition, the family service agency in your county may be able to help you get free or low-cost health insurance or public assistance.

We will attempt to work with you to arrange a manageable payment plan, however, it is important that you let us know if you will have trouble paying your bill. Federal and state laws require all hospitals to seek full payment of what they bill patients. This means we may turn unpaid bills over to a collection agency, which could affect your credit status.

Our financial aid program relates only to those services not covered by insurance which were provided at the Chippewa County-Montevideo Hospital. It does not include clinic or physician charges, or anesthesia, professional, or other charges that are not billed by CCMH.

For more information, please contact the Hospital Business Office at 320-269-8877. We will treat your questions with confidentiality and courtesy.

CHARITY CARE PROGRAM

Within three (3) months from the date of service or date of discharge, any person seen at the Hospital may apply for the Charity Care Program for that period of stay. The Charity Care Program is available upon request to persons who have been denied public assistance and are unable to pay for their Hospital services. (Charity Care is not available for Clinic services.) Charity Care will be granted after all other sources of secondary payment have been exhausted based on documented need as follows:

- A. Subject to the following limits, qualifying persons will receive a 100% discount if their family income is less than twice the current Federal Poverty Income Guidelines (FPIG*200%). This discount will be reduced by one percentage point for each percent the family income exceeds FPIG*200%.
- Charity Care will not be granted if family income is more than three times the current FPIG or if it exceeds twice the poverty level for a family unit of 8, except as follows: Any person whose family income exceed these limits must first “spenddown” earnings in excess of 290% of FPIG before qualifying for charity care discounts as above on the remainder of their bill, subject to a maximum discount rate of 10%.
 - Charity Care will not be granted if net assets exceed \$50,000, except as follows: Any person whose net assets exceed \$50,000 must first “spenddown” those excess assets before qualifying for charity care discounts as above on the remainder of their bill.

2012 Federal Poverty Income Guidelines			<i>(Qualifying Income Max)</i>
Size of Family Unit	Poverty Level (FPIG)	FPIG * 200%	
1 person	\$11,170	22,340	33,510
2 people	\$15,130	30,260	45,390
3 people	\$19,090	38,180	57,270
4 people	\$23,050	46,100	69,150
5 people	\$27,010	54,020	77,780
6 people	\$30,970	61,940	77,780
7 people	\$34,930	69,860	77,780
8 people	\$38,890	77,780	77,780
For each added person, add	\$3,960		

Example 1: Eligible hospital bill is \$2,500. The patient's family income is \$68,000 for their family unit of 10 and net assets are less than \$50,000. The patient will be responsible for the first \$800 and will receive a 100% discount on the remaining \$1,700.

Example 2: Eligible hospital bill is \$2,500. The patient's family income is 225% of FPIG for their family unit of 3 and net assets are \$51,000. The patient will receive a 75% discount on \$1,500 (or \$1,125), and will be responsible for \$1,375 for this bill.

- B. Charity Care will be granted upon death of a patient with no estate.
- C. Persons who have documented financial distress due to bankruptcy shall be granted Charity Care.
- D. The hospital commission may, at its discretion, grant Charity Care in excess of the afore-mentioned limits, based on patient's specific circumstances and need.

You will be asked to provide reasonable proof of the past 12 months income and reasonable proof of assets. Any patient seeking Charity Care shall comply with application requirements, including the production of necessary documentation to CCMH and to their respective County, Family Service, or other Agency with any and all financial and other information needed to enroll in a publicly sponsored insurance program (e.g., Medicaid, General Assistance Medical Care and MinnesotaCare).

Once this documentation and the completed application for Charity Care is received at CCMH, we will suspend any collection activity until your application has been processed and you are notified of our decision.

The phone number for the Attorney General's office is 1-800-657-3787.

Letter "D" exception guidelines **(NOT TO BE PRINTED ON PATIENT FORM):**

If the patient is asking for assistance for more than 3 months prior to the date of treatment, the financial statements will be looked at for both the year of treatment and for the year of request. The calculation which results in the least amount of Charity care will be used.

In cases where there is an ongoing illness or injury, consideration may be given to other related self pay medical bills occurring during the "spell of illness or injury" to put towards the spend-down of "excess" assets or income.

2011 Federal Poverty Income Guidelines			<i>(Qualifying Income Max)</i>
Size of Family Unit	Poverty Level (FPIG)	FPIG * 200%	
1 person	\$10,890	21,780	32,670
2 people	\$14,710	29,420	44,130
3 people	\$18,530	37,060	55,590
4 people	\$22,350	44,700	67,050
5 people	\$26,170	52,340	74,020
6 people	\$29,990	59,980	74,020
7 people	\$33,810	67,620	74,020
8 people	\$37,630	75,260	74,020
For each added person, add	\$3,820		