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SUBJECT:	**CMC – Financial Assistance Program**	**Page 1 of 1**
DEPARTMENT:	**ALL**	**Effective Date: 8/25/2017**
AUTHOR(S):	**Rachel Capell, Director PFS** **Ryan Speas, CFO**	**Due for Review: Annually**
EXPERT REVIEW: BOARD REVIEWED		

UPDATED 7/11/2024*: Updated Author added Ryan Speas.CF; POLICY 7. Changed approval time frame from 30 days to 6 months from the day the approval was signed.*

POLICY

1. The financial assistance program has been established to provide financial relief to qualified guarantors that:
   1.1. Accurately and completely fill out the financial assistance application
   1.2. Meet the income guidelines outlined in the income worksheet
   1.3. Do not have discretionary assets that could be used to pay medical bills
   1.4. Receive services of medical necessity
   1.5. Assets and expenses will be considered by the Financial Assistance Committee per application for financial assistance.
2. Guarantors who fail to meet one or more of the above criteria may not be qualified for financial assistance.
3. No further collection activity will be made on financial assistance amounts approved for write-off.
4. It is the patient financial counselor's (PFC) responsibility to:
   4.1. Assist the patient in applying for potential insurance coverage and do so within the timeframes dictated by the payors
   4.2. Assist the patient in filling out the financial assistance application
   4.3. Obtain any and all supporting information required by the application
   4.4. Prepare all applicable information in order to facilitate the approval/denial process
5. All financial assistance cases will be prepared by the PFC to be reviewed by the Financial Assistance Committee (FAC) on a monthly basis. The FAC will decide to approve or deny the application or request additional information. If additional information is requested, the PFC will obtain the information and provide the FAC with that information so that an approve/deny decision can be made. The final approve/deny decision will be documented and signed on the Financial Assistance Decision Sheet.
6. Once an approve/deny decision is made, the PFC will notify the guarantor and will set up monthly payments if necessary. The PFC will also be responsible for creating an adjustment sheet for the appropriate write-offs in the guarantor's account(s), including sufficient notes in the guarantor's notes to describe the reason for the write-off(s), and scanning and filing all applications along with the FAC's decision.
7. The month an applicant is approved, all outstanding bills are included except for bills that fall within a period when a previous financial application was denied. The application and approval is good for 6 months from the day the approval is signed.

POLICY HISTORY

UPDATED 9/29/19: *Changed Patient Account Rep (PAR) to Patient Financial Counselor (PFC). Changed responsibility of creating adjustment sheet rather than doing the adjustments. Removed last bullet point elective services are not eligible for financial assistance.*

UPDATED 2/26/2020*: Removed Apply for and are denied any applicable insurance coverage (i.e. Medicaid, Idaho County Indigence Program, Disability, etc…) or have missed the deadline for applicable insurance companies of no fault of their own. Changed application approval is good for 30 days from the date of approval rather than 1 year. Added assets and expenses will be considered by the financial committee for financial assistance.*

UPDATED 2/16/2022*: Format; Changed Caribou Memorial Hospital (CMH) to Caribou Medical Center (CMC*