CIMARRON MEMORIAL HOSPITAL

BOARD GOVERNANCE POLICY

Patient Financial Services Series

FIN-002

Financial Assistance Policy

Executive Summary

Purpose

The purpose of FIN-002 is to establish Cimarron Memorial Hospital's Financial Assistance Policy for patients experiencing financial hardship while promoting the long-term financial sustainability of the Hospital.

This policy replaces the Hospital's 2014 Financial Assistance Policy and reflects current regulatory requirements and the operational needs of a rural Critical Access Hospital.

Key Features

- Modernizes the Hospital's Financial Assistance Policy.
- Establishes consistent expectations for the Financial Assistance Program.
- Adopts a Board-approved Financial Assistance Adjustment Schedule.
- Supports compliance with applicable federal and state requirements.
- Preserves administrative flexibility while maintaining Board oversight through annual reporting.

Board Action Requested

- Approve FIN-002 – Financial Assistance Policy.
- Replace the Hospital's existing 2014 Financial Assistance Policy.
- Approve Appendix A – Financial Assistance Adjustment Schedule.

FIN-002 – Financial Assistance Policy

I. Purpose

Cimarron Memorial Hospital shall maintain a Financial Assistance Program for patients who are unable to pay the full cost of medically necessary healthcare services due to financial hardship.

The Hospital recognizes that financial hardship should not be an unnecessary barrier to medically necessary healthcare services while managing the financial resources entrusted to it in a responsible and sustainable manner.

II. Policy

- Provides financial assistance based upon objective eligibility standards;
- Applies eligibility standards fairly and consistently;
- Supports access to medically necessary healthcare services;
- Complies with applicable federal and state laws;
- Utilizes the Financial Assistance Adjustment Schedule adopted as Appendix A to this Policy; and
- Protects the financial resources necessary to sustain the Hospital's mission.

III. General Eligibility Standards

Financial Assistance may be provided for medically necessary healthcare services when a patient demonstrates financial hardship.

- Gross household income;
- Financial hardship;
- Reasonable cooperation in determining eligibility; and
- Other objective standards established through administrative standards.

Extraordinary financial hardship may be considered when application of the standard adjustment schedule would not reasonably accomplish the intent of this Policy.

IV. Administration

Administrative standards shall be maintained to implement this Policy. Such standards shall remain consistent with this Policy, the Financial Assistance Adjustment Schedule, and applicable federal and state law.

V. Annual Review

Administration shall provide the Board of Trustees with an annual summary of the Financial Assistance Program, including utilization, financial impact, significant trends, and any recommended revisions to this Policy.

This Policy shall be reviewed annually by the Board of Trustees and revised as appropriate.

Effective Date

This Policy shall become effective upon approval by the Board of Trustees and replaces the Hospital's Financial Assistance Policy adopted in 2014.

Approval

Board Chair	Date: 7-30-26
Vice Chair or Board Member	Date: 7-30-26
Chief Executive Officer	Date: 7/30/26

APPENDIX A

Financial Assistance Adjustment Schedule

This Appendix establishes the Financial Assistance Adjustment Schedule adopted as part of FIN-002 – Financial Assistance Policy.

The adjustment methodology established by this Appendix shall remain in effect until modified by the Board of Trustees.

Income thresholds shall be updated annually by Administration using the current Federal Poverty Guidelines published by the U.S. Department of Health and Human Services (HHS).

Family Size	100% FPG (100% Adjustment)	150% FPG (75% Adjustment)	200% FPG (50% Adjustment)	250% FPG (25% Adjustment)	Above 250% FPG (No Standard Assistance)
1	$15,960	$23,940	$31,920	$39,900	Over $39,900
2	$21,640	$32,460	$43,280	$54,100	Over $54,100
3	$27,320	$40,980	$54,640	$68,300	Over $68,300
4	$33,000	$49,500	$66,000	$82,500	Over $82,500
5	$38,680	$58,020	$77,360	$96,700	Over $96,700
6	$44,360	$66,540	$88,720	$110,900	Over $110,900
7	$50,040	$75,060	$100,080	$125,100	Over $125,100
8	$55,720	$83,580	$111,440	$139,300	Over $139,300

For each additional family member:

100% FPG	150% FPG	200% FPG	250% FPG
$5,680	$8,520	$11,360	$14,200

Extraordinary Financial Hardship

Nothing in this Appendix limits the Hospital's ability to consider additional financial assistance when application of the standard Financial Assistance Adjustment Schedule would be inconsistent with the intent of FIN-002 due to Extraordinary Financial Hardship.

Annual Update

Administration shall update the income thresholds contained in this Appendix annually to reflect the current Federal Poverty Guidelines published by the U.S. Department of Health and Human Services. Such annual updates shall not require amendment of FIN-002 provided the Board-approved adjustment methodology remains unchanged.