

Community Health

Financial Assistance Policy

Financial Assistance #: (317) 355-4157

Customer Service #: (317) 355-5555

Charity Care:

For 100% of the screening of patients for potential charity care eligibility, Community utilizes data from third-party vendors to automatically estimate the financial condition of each non-Medicare Traditional enrolled applicant.

- Eligibility for financial assistance is based on: (1) monthly family income, and (2) family size.
- Patients with income levels less than 200% of the Federal Poverty Guidelines (FPG), with no substantial assets, qualify for 100% financial assistance.
- Patients with incomes from 200%-300% of the FPG qualify for partial assistance based on a sliding fee scale.
- Patients with incomes greater than 300% of the FPG may be approved for a discounted rate on a case by case basis, dependent upon the specific situation (e.g. catastrophic illness). This must be approved by the Director of Patient Financial Services through an appeal process.

Automatic Eligibility:

- Current enrollment in State assistance program, such as Supplemental Nutrition Assistance Program (SNAP), welfare, certain pharmaceutical assistance programs, and others;
- Natural disaster victims; and
- Low-income housing resident.

Presumed Eligibility:

Staff must find two of the following with supporting documentation:

- Unfavorable credit history;
- Lack of family support for incapacitated patient;
- Mental incompetence declared by a medical professional;
- Deceased patient with no estate and no other responsible party for payment;
- Homeless patient with no evidence of assets, no responsible party, and no government benefit plan or sponsored health care;
- Undocumented worker with no evidence of assets, no responsible party, and no government benefit plan or sponsored health care; or
- A Medicaid patient with (1) unpaid accounts for dates of service within 90 days prior to the Medicaid effective date and (2) no responsible party, government benefit plan or sponsored health care.

Medical Hardship Adjustment:

- Patients above 300% of the FPG will have medical/dental debt per calendar year limited to 25% of their annual family income.
- Patients must (1) present all medical bills for the 12 months prior to the application date, or (2) have all medical bills noted in Community's patient accounting system.

Additional Requirements:

- Patients qualifying for partial assistance will be asked to pay the determined balance in full.
- Payment arrangements may be set up within the payment arrangement guidelines (the actual guidelines are not provided by Community) if patients cannot pay their discounted balance in full.
- Patients who do not qualify for full assistance will be asked to pay a 50% deposit in advance of services and enter into an acceptable balance resolution.

Uninsured Patient Discount:

- This discount is available to all eligible uninsured patients consistent with Community's average commercial insurance contracted discount.
- In 2012, the discount is 40% at the hospitals (Discounts vary upon services and location).
- Discounts are reviewed every 2 years.
- It is applied to the patient's bill as early as possible in the billing process.
- Notification of the discount will be sent with the statement.
- If a patient further qualifies for charity care, total charges will be applied to the traditional charity care component of Community Benefit.

Charity Care Sliding Fee Scale

| CALCULATED % OF FPG | DISCOUNT % |
|----------------------------|-------------------|
| Less than or equal to 200% | 100% |
| 200%-225% | 90% |
| 226%-250% | 80% |
| 251%-275% | 70% |
| 276%-300% | 60% |

Financial Assistance Process and Application**Notification:**

- Notices of the availability of financial assistance and brochures explaining the program will be posted in each patient registration and waiting area.
- All publications and informational material related to the financial assistance program will be translated into languages appropriate to the population served.
- Efforts will be made at all access points—pre-admission, registration, admission or discharge process—to inform patients about financial assistance.
- All employees in these areas will understand the basics of the financial assistance program, have access to application forms, and know where to direct questions to appropriate staff members.
- Staff with public and patient contact will also be trained on the basics and will provide responsible parties with printed material explaining the program.
- Statements will provide information about financial assistance.
- The collection process post-service will integrate notification of the availability of assistance into the standard process when collection efforts fail.

Application:

- An application may be requested in person or by mail to any requesting party.
- Assistance in completing the application is available.
- The applicant will have 15 calendar days following the initial date of request to complete and return the application with supporting documentation.
- The applicant may request an extension of 15 days.
- An application will be denied within 30 days following the date of receipt.
- The applicant will be given or mailed a letter of approval or denial. If approved, the letter will note the amount of debt discharged, any balance due, and the due date.
- Patients will be considered for a likelihood of extension of financial assistance for a period of 6 months from the date of qualification.
- This extension of financial assistance is only provided to those who manually complete the application. It is not provided for patients who qualified under automated presumptive eligibility.
- It is preferred that a request for charity care and a determination of financial need occur prior to rendering services.
- A determination, however, may be made at any point in the collection cycle with 2 restrictions:
 - Only accounts with dates of service falling within 6 months prior to the application month will be considered for financial assistance; and
 - Accounts assigned to an outside collection agency can only be recalled if 60 days or less have passed since the date of assignment.
 - These accounts must not be in legal status.
- Appeals are reviewed by a Committee which excludes the financial counselor.
- Completed applications are kept on file for five years.

Collections

- Community will not engage in extraordinary collection actions before making a reasonable attempt to determine eligibility of financial assistance.
- Extraordinary efforts include lawsuits, liens, garnishments, or other collection efforts deemed extraordinary by the U.S. Dept. of Treasury or the IRS.