

SUBJECT:	COMMUNITY ASSISTANCE POLICY	POLICY #:	1201
SCOPE:	HOSPITAL WIDE Logansport Memorial Hospital	PAGE:	1 of 9
REFERENCES:	Patient Protection and Affordable Care Act, Section 9007; Internal Revenue Code, Section 501(r)	EFFECTIVE:	06/04
ISSUED:	Executive Administration	REVIEWED:	04/09
SIGNATURE:	FOR REFERENCE ONLY Official Signature on file in Administration	REVISED:	02/16, 01/18

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 Logansport Memorial Hospital (LMH). 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 sets forth the basic framework for LMH and all entities that are owned, leased, or operated by LMH. Upon adoption by the Board of Directors, this policy represents the official Community Assistance Policy and follows the guidelines set forth in the Internal Revenue Code Section 501(r). LMH also reserves the right to attempt by the use of all legal means to recover payment for those medical services received at LMH.

DEFINITIONS:

- **Amounts Generally Billed (AGB)** means the Usual and Customary Charges for Covered Services provided to individuals eligible under this Community Assistance Policy, multiplied by the Hospital-Specific AGB Percentage applicable to such services.
- **Assets** Liquid assets that can be converted to cash to meet financial obligations.
- **Billing and Collections Policy** means the LMH Policy entitled: “: Collection Policy” policy # 1202 and is the same and may be amended from time to time.
- **Emergency Services** means a medical condition of a patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the patient’s health in serious jeopardy, result in serious impairment to bodily functions of the patient or result in serious dysfunction of any bodily organ or part.
- **Extraordinary Collection Actions (ECA)** Actions taken by LMH against an individual related to obtaining payment of a bill for care that requires a legal process, selling an individual’s debt to another party, or reporting adverse information to consumer credit reporting agencies.
- **FAP Eligible** means an individual eligible for financial assistance under this policy.
- **Federal Poverty Guidelines** measures of income levels issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for this financial assistance program.
- **Limitation on Charges** refers to limiting the amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance to not more than the amounts generally billed to individuals who have insurance covering the same care. In addition for billing and collection, LMH may not engage in ECAs before reasonable efforts have been made to determine whether the individual is eligible for financial assistance.
- **Medically Necessary Services** means those inpatient and outpatient services required to identify and treat an illness or injury.

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- **PFS** means Patient Financial Services, the operating unit of LMH responsible for billing and collecting self-pay accounts for LMH services.
- **Plain Language Summary** is a written statement that notifies an individual that LMH offers financial assistance per this Community Assistance Policy and provides the information in a clear, concise, and easy to understand description.

POLICY:

This policy refers to medical services rendered to patients who claim they are not able to pay all or any of the costs when healthcare services are rendered. Although designated as charity, when LMH believes that a patient who claims charity has assets usable for payment of services given, LMH policy is to make every reasonable attempt to collect payment for medical services rendered.

It is the policy of LMH that no patients seeking medical service that can be provided by LMH will be denied access to those services solely because of the inability to pay for those services. LMH will provide without discrimination, care for emergency services, and medically necessary services to individuals regardless of whether they are eligible based on this policy. Debt collection activities in the emergency department or in other areas of the hospital facility where such activities could interfere with the provisions of emergency or medically necessary care are prohibited.

LMH may make available services without charge or at a reduced charge, based on the ability to pay as determined by LMH. The amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance will not be more than the amounts generally billed (AGB) to individuals who have insurance covering the same care.

LMH reserves the right to investigate and inquire as to the available assets, income, and other factors which would assist LMH in making the determination of the ability to pay.

All patients have the opportunity to apply for financial assistance prior to LMH engaging in any extraordinary collection activities (ECA). LMH will not engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is FAP eligible for the care.

In the event the patient dies, LMH reserves the right to pursue all possible claims against the decedent's estate or against any other person or entity having a legal obligation to pay for the decedent's medical services to recover all or as much as possible amounts owing to LMH by the decedent for services rendered which were unpaid at the time of the decedent's death.

This policy is posted on LMH's website and the Plain Language Summary is available at various locations throughout the hospital including the Emergency Department and the Registration areas. The patients and the hospital community are also notified via signage located throughout the hospital.

A Plain Language Summary of the Community Assistance Policy is available upon request and is offered as part of the intake process in both the Emergency Department and Registration areas.

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GUIDELINES:

1. LMH will provide financial counseling to all patients who owe a balance. Financial Counselors will be available to assist patients in identifying and applying for health care assistance programs.
2. **Alternative sources of payment.** All commercial, federal, and state health and medical payment sources including automobile and homeowner’s policies available to the patient will be billed prior to receiving financial assistance under this policy.
3. **Limitation of Charges/Amounts Generally Billed.** The Hospital limits the amounts charged for emergency and medically necessary services provided to individuals eligible for assistance under this policy to not more than the amounts generally billed to individuals who have insurance coverage for such care. The AGB is derived by dividing (1) the sum of all claims for Medically Necessary services provided at LMH and paid during the relevant period by Medicare fee-for-service and all private health insurers as primary payers, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-pays, co-insurance or deductibles, by (2) the charges set forth in the LMH charge master at the time the services are rendered. The Hospital-Specific AGB Percentage shall be calculated annually for a twelve (12) month period from January 1 to December 31 and allows 120 days for such calculation to be made and updated in the FAP. The calculation of the Hospital-Specific AGB Percentage shall comply with the “look-back method” described in the IRS Regulation 501(r)-5(b) (1) (B).
4. **Methods for Applying for Community Assistance.** Patients may apply for community assistance by completing the Community Assistance application prior to, at the time of, or after services are rendered. Applications may be accessed by PFS, Patient Access, from the Hospital web-site, or by requesting an application by phone at 574-753-1371 or 574-753-1577. Completed applications may be mailed to the Hospital at:

Logansport Memorial Hospital
1101 Michigan Ave
Logansport, In 46947

5. **Notification Requirements.** The availability of the Community Assistance will be widely publicized within the communities serviced by the LMH. All admitting areas shall have posters prominently displayed that advise patients of the existence of the LMH Community Assistance and will make reasonable efforts to distribute a plain language summary (PLS) of this policy and offer a Community Assistance application form to individuals before being discharged from the LMH. There is direct web access to the PLS; and LMH will provide at least one written notification informing the patient of any ECAs LMH may take if the Community Assistance application is not received or payment has not been received.

WRITE-OFFS AND ADJUSTMENTS

Emergency and medically necessary services will be written off, in whole or in part, if the patient’s community assistance application is approved. Any patient whose income is below 138% of the FPG must apply for Indiana HIP and be denied before receiving community assistance. All determinations pertinent to this policy are to be made by the Financial Counselor, the Patient Account Representatives, and approved by the CFO or designee.

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LMH COLLECTIONS POLICY:

Accounts for LMH services for patients who are able, but unwilling, to pay are considered uncollectible bad debts and will be referred to outside agencies for collection. The unpaid discounted balances of patients who qualify for Community Assistance are considered uncollectible bad debts and such patients will be referred to outside agencies for collection. The Collections Policy #1202 will be posted on the LMH website. In addition, a free copy of the Collections Policy can be obtained by request from the PFS.

PFS has the responsibility for monitoring and ensuring that a reasonable effort to determine whether an individual is FAP eligible and for determining whether and when extraordinary collection actions may be taken in accordance with this policy and the Collections Policy.

Payment options are noted in the Collections policy.

PROCESS:

Eligibility Criteria and Determination

In determining the adequacy or inadequacy of income, the most current federal poverty income guidelines for the low end and 400% of the guidelines for the high end will be used as a scale based on the gross income of the patient and the patient's household size. The patient will need to provide a copy of W-2, pay stub, bank statements, Social Security Income, temporary assistance for needy families, free, or reduced school lunch program, other public assistance programs or other information as requested.

Uninsured % Discount

<i>Poverty Level*</i>	<i>Less than 100%</i>	<i>100%-200%</i>	<i>201%-300%</i>	<i>301%-400%</i>	<i>Greater than 400%</i>
Family Size	20% pay	30% pay	40% pay	45% pay	51% pay
1	\$12,060	\$12,061-\$24,120	\$24,120-\$36,180	\$36,181-\$48,240	>\$48,241
2	\$16,240	\$16,240-\$32,480	\$32,481-\$48,720	\$48,721-\$64,960	>\$64,961
3	\$20,420	\$20,421-\$40,840	\$40,841-\$61,260	\$61,261-\$81,680	>\$81,681
4	\$24,600	\$24,601-\$49,200	\$49,201-\$73,800	\$73,801-\$98,400	>\$98,401
5	\$28,780	\$28,781-\$57,560	\$57,561-\$86,340	\$86,341-\$115,120	>\$115,121
6	\$32,960	\$32,961-\$65,920	\$65,921-\$98,880	\$98,881-\$131,840	>\$131,841

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<i>Poverty Level*</i>	<i>Less than 100%</i>	<i>100%-200%</i>	<i>201%-300%</i>	<i>301%-400%</i>	<i>Greater than 400%</i>
Family Size	20% pay	30% pay	40% pay	45% pay	51% pay
7	\$37,140	\$37,141-\$74,280	\$74,281-\$111,420	\$111,420-\$148,560	>\$148,561
8	\$41,320	\$41,321-\$82,640	\$82,641-\$123,960	\$123,961-\$165,280	>\$165,281
For each additional person, add	\$4,180	\$8,360	\$12,540	\$16,720	>\$16,721

After Insurance Discount %

<i>Poverty Level*</i>	<i>Less than 100%</i>	<i>100%-200%</i>	<i>201%-300%</i>	<i>301%-400%</i>	<i>Greater than 400%</i>
Family Size	20% pay	50% pay	70% pay	80% pay	90% pay
1	\$12,060	\$12,061-\$24,120	\$24,120-\$36,180	\$36,181-\$48,240	>\$48,241
2	\$16,240	\$16,240-\$32,480	\$32,481-\$48,720	\$48,721-\$64,960	>\$64,961
3	\$20,420	\$20,421-\$40,840	\$40,841-\$61,260	\$61,261-\$81,680	>\$81,681
4	\$24,600	\$24,601-\$49,200	\$49,201-\$73,800	\$73,801-\$98,400	>\$98,401
5	\$28,780	\$28,781-\$57,560	\$57,561-\$86,340	\$86,341-\$115,120	>\$115,121
6	\$32,960	\$32,961-\$65,920	\$65,921-\$98,880	\$98,881-\$131,840	>\$131,841
7	\$37,140	\$37,141-\$74,280	\$74,281-\$111,420	\$111,420-\$148,560	>\$148,561
8	\$41,320	\$41,321-\$82,640	\$82,641-\$123,960	\$123,961-\$165,280	>\$165,281
For each additional person, add	\$4,180	\$8,360	\$12,540	\$16,720	>\$16,721

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REFERENCES:

Patient Protection and Affordable Care Act, Section 9007

Internal Revenue Code, Section 501(r)

APPENDIX:

Hospital List of Emergency and Medically Necessary Providers- Appendix A

Plain Language Summary- Appendix B

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Appendix A

INCLUDED LISTINGS for Community Assistance Policy

BEHAVIORAL HEALTH Sara Kirkwood, LCSW, ACSW Pam Watterson, LCSW	ORTHO / PODIATRY James Davis, DO Ganesh Ramachandran, DO Edward A. Lebrija, DPM	RADIATION/ONCOLOGY James Currier, MD Markus Fitzek, MD Ann Logan, MD John Marvel, MD
CAMDEN Benjamin Anderson, DO Linda Stapleton, NP	PEDIATRICS - SUITE 330 Craig Pawlowski, MD Namita Sahgal, MD	PAIN MANAGEMENT Edgar Martinez, MD Shazia Siddiqui, MD
EXPRESS MED Rene Gutierrez, MD Rachel Emery, NP Laura Hess, NP Lois Taylor-Wolfe, NP	PERU MEDICAL Stephen Kennedy, MD Sharon Cooley, NP	HOSPITALISTS Mohanad Abu Speitan, MD Benjamin Anderson, DO Rose Ewing, NP Ariel Fernandez, DO Beth Hershberger, NP Alison Kaneshiro, NP Stephanie Kertes, NP Olushesan Ogundipe, MD Misty Swan, NP
FAMILY MEDICINE - SUITE 140 Dallis Bowditch, MD Kimberly Bice, NP Monica Davis, NP	PULMONOLOGY Francois Abi Fadel, MD	
HEALTHY COMPANIES Michelle Myers, NP	SURGICAL SERVICES SUITE 25 Dermatology Alan Anthony, MD	
FAMILY HEALTHCARE - SUITE 270 Mandeep Brar, NP Tonya Brown, MD Kamlesh Kaul, MD Robert McKissick, MD Cory Neumann, MD Kelly Carden, NP Tara Hughes, NP Jamie Ross, NP Stacie Stutzman, NP	ENT David Short, MD Stacey Shilts, AUD General Surgery Shannon Davis, MD Michael Lalla, MD Todd Weinstein, MD	
INTERNAL MED - SUITE 170 Cherie Bennett, MD Mark Crowley, MD Pedro Perez-Cartagena, MD Vivek Sahgal, MD Lynette Smith-Caillouet, MD	UROLOGY - SUITE 25 J. Michael Harshman, MD Stephen Miller, DO WOMEN'S HEALTH CENTER – SUITE 15 Amy Gingery (Austin), MD Timothy Hall, MD Jessica McClintock (Glover), MD W. Bruce Murray, MD	

EXCLUDED LISTINGS from Community Assistance Policy

ANESTHESIOLOGY- NorthStar Anesthesia	RADIOLOGISTS (NIGHT SHIFT)	NEUROLOGY - Indiana Neurology Specialty
EMERGENCY MEDICINE-NES	SPINE CLINIC - Unity Healthcare	CARDIOLOGY - SUITE 50- St Franciscans
RADIOLOGISTS-Associated Radiologists NEUROLOGY - Unity Healthcare	HEMATOLOGY/ONCOLOGY - SUITE 380 PATHOLOGY- South Bend Medical Foundation	

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Appendix B

Community Assistance Policy

Plain Language Summary

Community Assistance Policy - Plain Language Summary

This Plain Language Summary is being provided to you to help explain Logansport Memorial Hospital's Community Assistance Policy. It summarizes eligibility requirements for assistance and provides contact information so that you can obtain further information regarding the policy or applying for community assistance.

Do I qualify?

Patients whose family income does not exceed four times the Federal Poverty Guidelines may be eligible for community assistance. Certain family household income and number in household is considered in making the determination for eligibility under the Community Assistance Policy. Patients must complete a Community Assistance Application in order to be considered under Logansport Memorial's Community Assistance Program.

How do I obtain more information?

The Community Assistance Policy and the Community Assistance Application provide more detailed information regarding eligibility and the application process, and are available on logansportmemorial.org or by sending a written request to:

Attention: Financial Counselors
Logansport Memorial Hospital
1101 Michigan Ave
Logansport, IN 46947

The Community Assistance Policy and the Community Assistance Application are also available by calling the Financial Counselors at 574-753-1371 or 574-753-1577, or by visiting the Cashier Office between 7:00 am and 5:30pm Monday through Friday.

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