

SUBJECT: CHARITY POLICY
Policy: BO 170
Effective Date: May 1, 2023
Revision Date:

Business Office Policies and Procedures

FINANCIAL ASSISTANCE PROGRAM

STATEMENT OF PURPOSE:

A. Community Rehabilitation Hospital West is committed to making emergency and medically necessary healthcare accessible to patients regardless of their ability to pay. The purpose of this policy is to provide detailed information to our patients, staff, physicians and the community regarding (i) the eligibility criteria for financial assistance and whether such assistance includes free or discounted care, (ii) the basis for calculating the amounts charged to patients eligible for assistance under this policy, (iii) the method for applying for financial assistance, and (iv) how Community Rehabilitation Hospital West will widely publicize this policy within the community.

POLICY STATEMENT:

A. Charity care is not considered to be a substitute for personal responsibility, and coverage under this policy should be considered a last resort. Patients are expected to cooperate with Community Rehabilitation Hospital West's procedures for obtaining charity or other forms of payment or financial assistance and to contribute to the cost of their care based upon their individual ability to pay. Patients with the financial capacity to purchase health insurance shall be encouraged to do so and are encouraged to utilize all other health care resources available to them.

DEFINITIONS:

A. Emergency Care is defined as medical conditions including psychiatric conditions that manifest as acute symptoms of sufficient severity, including severe pain such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the person in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

B. Medically Necessary Care is defined as services rendered to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

C. Application Period is defined as the period that begins on the date the care is provided to an individual and ends on the 240th day after the individual is provided with the first billing statement for care.

D. Amount Generally Billed is defined as the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. An individual eligible for assistance under this policy will not be charged more than the Amount Generally Billed for emergency or other medically necessary care.

E. The Look Back Method is the method used by Community Rehabilitation Hospital West to calculate the Amount Generally Billed for emergency or other medically necessary care and takes into account the amounts allowed by Medicare fee-for-service and all private health insurers that pay claims to Community Rehabilitation Hospital West as compared to the gross charges submitted. Additional information about the Amount Generally

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Billed calculations can be obtained free of charge at Community Rehabilitation Hospital West or by calling 463-348-7008.

F. Gross Family Income is defined as the gross family income of those listed on the federal income tax form 1040 and by annualizing those family members' current gross income from employment and other sources. The term Gross Family Income includes, but is not limited to, the guarantor and spouse's gross income from employment, short term disability, long-term disability, unemployment, social security, VA pensions, military allotments, pensions, and accessible income from trust accounts. Self-employment income, income from Partnerships, S Corporations, and/or LLCs, rental property income and farm income will be determined by looking at gross profit after cost of goods sold are deducted and deducting items such as fuel, utilities, business rent/mortgage and business insurance. Items including, but not limited to, deductible meals, cell phone charges and depreciation are not considered to be deductible in determining financial assistance approval. Savings accounts and certificates of deposit with large balances may be considered in determining financial assistance eligibility. Retirement accounts as defined by the IRS, including, but not limited to, pensions, 401K, 403B, and IRAs will not be considered in determining eligibility for financial assistance, unless the patient is receiving a distribution as part of their retirement income.

G. Community Rehabilitation Hospital West Service Area is defined as the state of Indiana.

GENERAL INFORMATION:

None

PROCEDURE:

A. Communication of Financial Assistance Policy

1. A copy of Community Rehabilitation Hospital West's Financial Assistance Policy, application and Plain Language Summary is available Community Rehabilitation Hospital West or by calling 463-348-7008.
2. Brochures explaining Community Rehabilitation Hospital West's Financial Assistance Policy are available at all points of hospital registration.
3. Patients may be offered a Plain Language Summary of the Financial Assistance Policy at the time of hospital registration.
4. All billing statements will inform patients about the availability of financial assistance and will include contact information for patients who would like more information about financial assistance.
5. Information regarding financial assistance will be provided in oral communications with patients who express an inability to pay within Community Rehabilitation Hospital West guidelines. Payment guidelines and actions Community Rehabilitation Hospital West may take in the event of nonpayment are provided in the Collection Policy. A copy of the Collection Policy is available upon request or by calling 463-348-7008.

B. Eligibility Criteria

1. Services which constitute Emergency Care and Medically Necessary Care are eligible for consideration under this policy.
2. Patients whose Gross Family Income does not exceed 300% of the Federal Poverty Level (FPL) Guidelines (see References Section) are eligible for write-off of account balances that are eligible and applied for within the Application Period. The portion billed to the patient will not exceed the Amount Generally Billed.
3. As a prerequisite to applying for financial assistance under this policy, the patient (guarantor if minor) must utilize and exhaust all other healthcare resources available, including but not

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limited to benefits and resources available under insurance policies and programs, health-share plans or other community collaborations, and all other third-party coverage, payor options and assistance programs. Financial assistance under this policy should be considered the program of last resort after all other options and assistance have been exhausted. Further, the patient (guarantor if minor) must consult with Community Rehabilitation Hospital West regarding its patient advocacy programs and cooperate in applying for state or federal programs for which they may qualify. Any patient who fails to fully cooperate with this process or who has not exhausted all other healthcare resources available as determined by Community Rehabilitation Hospital West is deemed ineligible for financial assistance under this policy.

4. If the patient has third party coverage or is eligible for coverage under COBRA, only the patient portion as indicated on the insurance Explanation of Benefits is eligible for consideration under the Financial Assistance Policy. Underpayments by insurance companies may not be eligible for consideration under the Financial Assistance Policy. Insurance denials resulting from the patient's failure to comply with insurance company requests or failure to use in-network services may be ineligible for consideration under the Financial Assistance Policy. Failures to pay or denial of coverage under health-share plans or reference-based pricing plans shall cause a patient to be ineligible for consideration under the Financial Assistance Policy.
5. The patient must have an established residence in the Community Rehabilitation Hospital West Service Area to be considered for financial assistance. Visitors from another state or country outside the Community Rehabilitation Hospital West Service Area, either short term or long term, are not eligible for financial assistance.
6. Elective services including, but not limited to, promotional services, vascular screening, genetic counseling, Weight Loss Management Program or bariatric services, services provided at a retail center instead of the hospital facility and cosmetic services are not eligible under the Financial Assistance Policy unless deemed medically necessary by Community Rehabilitation Hospital West.
7. Community Rehabilitation Hospital West reserves the right to deny coverage under this policy to patients who do not file claims with their insurance provider or opt-out of such coverage for a certain procedure or appointment.
8. Medical bills pertaining to Community Rehabilitation Hospital West, Inc., Community Hospital South, Inc., Community Hospitals of Indiana, Inc., Community Howard Regional Health, Community Hospital Anderson, Inc., Community Physician Network, Community Health Direct, Inc., Visionary Enterprises, Inc., Community Heart and Vascular Hospital and Community Home Health are eligible for consideration under this policy. Other non-Community Rehabilitation Hospital West providers' services are not eligible under Community Rehabilitation Hospital West's Financial Assistance Policy. A list of providers whose charges are not eligible for consideration under this Policy is available on ecomunity.com.
9. Patient accounts will be considered for financial assistance if the service and application occurred within the Application Period, see definition of terms.
10. Any patient whose income exceeds the income threshold (300% FPL) for financial assistance and who experiences a catastrophic medical event may be granted financial assistance at Community Rehabilitation Hospital West's sole discretion. Patients granted assistance due to a catastrophic medical event will not be billed more than the Amount Generally Billed.
11. Management may approve financial assistance with less than a fully completed Financial Assistance Application if other information supports the patient's eligibility for financial assistance, such as qualification for a state or federal program that verifies gross family income is less than or equal to 300% of the Federal Poverty Guidelines. Additional consideration can be given to deceased patients without an estate or accounts that have been reviewed and scored by an external party such as a collection agency or other vendor.

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C. Application Process

1. A Financial Assistance Application can be obtained Community Rehabilitation Hospital West or by calling the 463-348-7008.
2. The patient and patient's spouse or guarantor must submit a completed, signed and dated Financial Assistance Application including all applicable attachments to be considered for financial assistance. The required attachments will be listed on the Financial Assistance Application. The Financial Assistance Application and attachments must be completed and returned to the address indicated on the application.

D. Approval Process

1. The Financial Assistance Application will be approved or denied by Community Rehabilitation Hospital West's Central Billing Office Director or designee(s).
2. Financial Assistance Applications approved for Emergency and Medically Necessary Care are valid for six months after the approval date listed on the Financial Assistance Application unless the guarantor or patient's circumstances change, i.e., change in employment status. Patients must reapply in order to be considered for financial assistance for services incurred after the six-month approval period or if their circumstances have changed within the six-month time period.
3. The patient/guarantor will be notified in writing of their approval or denial for financial assistance.
4. For patients not eligible for financial assistance under the Financial Assistance Policy, accounts will be billed to the patient and managed under the Collection Policy. Payment options and actions taken in the event of non-payment are addressed in this policy. The Collection Policy is available free of charge by calling 463-348-7008.

EQUIPMENT:

None

DOCUMENTATION:

None

REFERENCES

Federal Poverty Level (FPL) Guidelines inflated by 300% will be used to determine financial assistance eligibility and are compared to the current year's annualized Gross Family Income. Federal Poverty guidelines are published the first quarter of each year in the Federal Register. The current Federal Poverty Guidelines are available at ecommunity.com.

Interpretation

This policy is intended to be in compliance with Code Section 501(r), and it shall be interpreted and applied in accordance with that Code Section.