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Next Review 11/2026

Owner Chad Bills: VP  
Revenue Cycle  
Policy Area Finance - General  
Applicability Community  
Health Network

## Financial Assistance Program

### PERFORMED BY:

None

### STATEMENT OF PURPOSE:

- A. Community Health Network 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 Health Network will widely publicize this policy within the community. This policy has been approved by Community Health Network's Audit, Compliance and Finance Committee.

### 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 Health Network'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. If an individual is eligible for assistance under this policy, the portion of charges for which the individual is responsible, including co-pays, deductibles and charges for non-covered services, less any applicable discounts (“the charges for which the patient is responsible”), will not be more than the Amount Generally Billed for emergency or other medically necessary care. The Amount Generally Billed for the current year is available on [ecommunity.com](http://ecommunity.com).
- E. **The Look Back Method** is the method used by Community Health Network 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 Health Network as compared to the gross charges submitted. Additional information about the Amount Generally Billed calculations can be obtained free of charge on Community Health Network's website at [ecommunity.com](http://ecommunity.com) or by calling Client Services at 317-355-5555 or toll free 866-721-4205 .
- 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, excluding behavioral care. 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 Health Network Service Area** is defined as the state of Indiana.

# GENERAL INFORMATION:

None

## PROCEDURE:

### A. Communication of Financial Assistance Policy

1. A copy of Community Health Network's Financial Assistance Policy, application and Plain Language Summary is available at [ecommunity.com](http://ecommunity.com), at all registration areas or by calling the Client Services at 317-355-5555 or toll free 866-721-4205.
2. Brochures explaining Community Health Network's Financial Assistance Policy are available at all registration locations.
3. Signage regarding financial assistance will be placed within the Emergency Department and all registration areas and will include information on where to seek more information regarding the Financial Assistance Policy.
4. Patients may be offered a Plain Language Summary of the Financial Assistance Policy at the time of registration.
5. 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.
6. Information regarding financial assistance will be provided in oral communications with patients who express an inability to pay within Community Health Network guidelines. Payment guidelines and actions Community Health Network may take in the event of nonpayment are provided in the Collection Policy. A copy of the Collection Policy is available on [ecommunity.com](http://ecommunity.com), at all hospital cashier offices or by calling Client Services at 317-355-5555 or toll free 866-721-4205.

### 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 full or partial write-off of account balances that are eligible and applied for within the Application Period. The charges for which the patient is responsible 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 limited to benefits and resources available under insurance policies and programs, health-share plans or other community collaborations, and any 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) is encouraged to consult with Community Health Network regarding its patient advocacy programs for support in applying for state or federal programs for

which they may qualify.

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. 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 Health Network Service Area to be considered for financial assistance. Visitors from another state or country outside the Community Health Network 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 Health Network.
7. Community Health Network 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 Health Network, 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, Community Home Health, Community Fairbanks Hospital, Community Behavioral Health, Community Fairbanks Behavioral Health, Community Fairbanks Recovery Center, Community Fairbanks Recovery Lodge and Community Fairbanks Behavioral Health Howard are eligible for consideration under this policy. Other non-Community Health Network providers' services are not eligible under Community Health Network's Financial Assistance Policy. A list of providers whose charges are not eligible for consideration under this Policy is available on [ecommunity.com](http://ecommunity.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 Gross Family Income exceeds 300% of FPL Guidelines may be granted assistance at Community Health Network's sole discretion. If a patient is determined to be eligible for assistance, the charges for which the patient is responsible will not exceed 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 200% 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.

### C. Application Process

1. A Financial Assistance Application can be obtained at any registration area, by calling the Client Services Call Center at 317-355-5555 or toll free 866-721-4205, or on [ecommunity.com](http://ecommunity.com).
2. The patient and patient's spouse or guarantor must submit a completed, signed and dated Financial Assistance Application including all applicable attachments in order 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. If assistance is needed in order to complete the application, please call Client Services Call Center at 317-355-5555 or toll free 866-721-4205.

### D. Approval Process

1. The Financial Assistance Application will be approved or denied by Community Health Network's Vice President of Revenue Cycle 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 Client Services Department at 317-355-5555 or toll free 866-721-4205 or on [ecommunity.com](http://ecommunity.com).

## 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 [ecomunity.com](http://ecomunity.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.

## RELATED DOCUMENTS:

None

### Table 1.1

#### Eligible Providers

In addition to care delivered at Community Health Network facility, emergency and medically necessary care delivered by the providers listed below are also covered under this Financial Assistance Policy.

Community Health Network Physicians
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### Table 1.2

Care provided by any of the providers listed below at a Community Health Network facility will **NOT** be covered under this policy since they are not employed by Community Health Network. As such, the bills received by Community Health Network patients for care provided by any of the following providers will **NOT** be eligible for the discounts described in the Billing & Collections Policy or the Financial Assistance Policy. The patient may contact the provider directly to see if there are discounts or assistance available from the provider.

Mid America Clinical Labs (MACL)
Quest
AmeriPath
Community Anesthesia Associates
Community Rehabilitation Hospital
Radiology of Indiana
Northwest Radiology
Radiology Associates of Indianapolis
Southeast Anesthesia

Urology of Indiana
Josephson Wallack Munshower Neurology (JWM)
Medical Associates
Emergency Physicians of Community Hospital Anderson
Community Pathology and Nuclear Medicine, PC
Central Indiana Orthopedics (CIO)

## Attachments

[2023 Financial Assistance Application](#)

## Approval Signatures

Step Description	Approver	Date
EVP Chief Financial Officer	Kyle Fisher: EVP Chief Financial Officer	11/2023
Second Level Approvers	Brian Schlagenhauf: SVP Managed Care [JS]	11/2023
Second Level Approvers	Virginia Davidson: SVP Chief Risk and Compliance	11/2023
Second Level Approvers	Kelly George: VP Financial Support Services	11/2023
Second Level Approvers	Holly Millard: SVP Finance	11/2023
Second Level Approvers	Thomas Tocash: VP Internal Audit Services	11/2023
First Level Approvers	Amy Dempsey: Dir Revenue Cycle	11/2023
First Level Approvers	Terri Wealing: ED Revenue Cycle	11/2023
First Level Approvers	Tonya Townsend: Mgr Client Services	11/2023
First Level Approvers	Spring Deaton: ED Network Pt Financial Svcs	10/2023

## Applicability

Community Fairbanks Recovery Center, Community Health Ancillary Clinical Services, Community Health Network, Inc., Community Health Outpatient, Community Hospital Anderson, Community Hospital East and Heart Hospital, Community Hospital North, Community Hospital South, Community Howard Regional Health, Visionary Enterprises, Inc.

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