

## CAMERON MEMORIAL COMMUNITY HOSPITAL

416 E. Maumee Street  
Angola, IN 46703  
(260) 665-2141

### **Title of Policy/Procedure: Compassionate Care Program**

**Purpose:** Recognizing its commitment to the community, it is the policy of Cameron Memorial Community Hospital to provide a reasonable amount of its services without charge or at a reduced charge to eligible patients who cannot afford to pay for care.

**Policy:** Discounted care will be provided to uninsured or underinsured patients who meet the established eligibility criteria and complete the required application and review process. All patients will be treated equitably, with dignity, respect and compassion throughout the billing and collection process.

#### **Eligibility Criteria:**

1. Free and discounted care includes services provided to the following:
  - a. Uninsured or underinsured low-income patients who do not have the ability to pay all or part of their bill as determined by the financial guidelines in this policy.
  - b. Insured patients whose coverage is inadequate to cover a catastrophic situation. Consideration will be given on a case by case basis to patients who have exhausted their insurance benefits and/or whose income or assets exceed financial eligibility criteria but face extraordinary medical costs. Refer to #7 below.
  - c. Deceased patients with no estate. This is based on the conclusion that the descendant has no assets and therefore no ability to pay.
  - d. Patient accounts that are deemed uncollectible due to Discharge of Debtor by bankruptcy.
2. Free and discounted care is for essential health services.
3. All third party resources and other financial aid programs, including public assistance available through state Medicaid programs must be exhausted before Compassionate Care can be requested.
4. The minimum balance of \$300 after private or public insurance has paid will be considered under this policy. For balances less than \$300 other payment options are available. This does not apply to Counseling Center, Home Health and Hospice and Rehabilitation services.
5. The household income must be below 300% of the poverty guidelines set by the Federal Government and fall into the appropriate category based on income and family size (Attachment 1A)

6. Assets must not surpass \$50,000. Assets are defined as Real Estate (other than patient's primary residence), Automobiles, Boats/RVs/Motorcycles, Stocks/Bonds, Certificates of Deposit, Retirement Plans (IRA, 401K, 403B), Savings/Checking Accounts.
7. Home equity must not surpass \$150,000.
8. In order to qualify for Catastrophic Financial Assistance, the patient's medical expenses related to Cameron Memorial Community Hospital must exceed 15% of the household income or equity in the household assets. (Attachment 1B)
9. Patients seeking Compassionate Care Financial Assistance shall comply with the hospital's financial assistance application requirements including the production of necessary documentation, and will provide the hospital with any and all financial and other necessary information needed to enroll in state and/or federally sponsored insurance programs if required.

**Procedure:**

1. All uninsured and underinsured patients will be informed of the Compassionate Care Financial Assistance application. The attached application will be used by patients to apply for Compassionate (Charity Care) from Cameron Memorial Community Hospital. If needed, a Financial Services Representative will provide assistance to patients to fill out the application.
2. All attempts should be made by Cameron Memorial Community Hospital to have the patient fill out the Compassionate Care application at or before the time services are rendered and should be completed within sixty (60) days of delivery outpatient services or discharge except for pending Medicaid accounts.
3. Compassionate Care applications for Cameron Memorial Community Hospital's Counseling Center cover a three month time period dating to the first day of the month which is the day closest to when services start.
4. Compassionate Care applications for Cameron Memorial Community Hospital's Home Health Care and Hospice cover a three month time period from the date the application is approved.
5. Compassionate Care applications for Cameron Memorial Community Hospital's Rehabilitation Department cover the period of treatment outlined in the physician's orders.
6. Upon review of the patient's financial and employment situation as completed in the application, the hospital will determine whether the patient qualifies for Compassionate Care based on the above stated eligibility.
7. The appointed Financial Services Representative will examine the application and



**ATTACHMENT FOR THE REQUEST FOR COMPASSIONATE CARE FINANCIAL ASSISTANCE**

**1A**

**Compassionate Care Schedule - Federal Poverty Guidelines (FPG) - 2009**

Size of Family Unit	100% FPG	125% FPG	150% FPG	175% FPG	200% FPG	225% FPG	250% FPG	275% FPG	300% FPG
1	10,830	13,538	16,245	18,953	21,660	24,368	27,075	29,783	32,490
2	14,570	18,213	21,855	25,498	29,140	32,783	36,425	40,068	43,710
3	18,310	22,888	27,465	32,043	36,620	41,198	45,775	50,353	54,930
4	22,050	27,563	33,075	38,588	44,100	49,613	55,125	60,638	66,150
5	25,790	32,238	38,685	45,133	51,580	58,028	64,475	70,923	77,370
6	29,530	36,913	44,295	51,678	59,060	66,443	73,825	81,208	88,590
7	33,270	41,588	49,905	58,223	66,540	74,858	83,175	91,493	99,810
8	37,010	46,263	55,515	64,768	74,020	83,273	92,525	101,778	111,030

For families with more than 8 persons, add \$3,740 for each additional person.

**1B**

**Catastrophic Medical Bills - Income and Asset Tests**

**Income Test**

1. CMCH will multiply the household income by 15%.
2. CMCH will determine the patient's allowable medical expenses due to CMCH.
3. CMCH will compare 15% of the household income to the total of the patient's allowable medical expenses due to CMCH. If the total of the allowable medical expenses is greater than 15% of the household income, then the patient meets the catastrophic community care qualification. CMCH will limit patient liability for medical expenses to 15% of the household income. Amounts that exceed this limit will be eligible for community care.

Example: Household income of \$50,000 per year and medical expenses of 20,000. 15% of the household income is \$7,500; the patient's medical expenses exceed this amount. The patient should therefore be eligible for compassionate care financial assistance of \$12,500.

**Asset Test**

1. Assets considered available to pay patient's medical expenses are equity in a real estate, other than the patient's primary residency, automobiles, Boats/RVs/Motorcycles, Stocks/Bonds, Certificates of Deposit, Retirement Plans, Savings and Checking Accounts.
2. Equity over and above \$150,000 will be considered as available to pay medical liabilities.
3. The catastrophic limit under this test will be established at 100% of the equity in real property over and above the first \$150,000 in a primary residence, and 100% of the equity in other real property producing income.
4. Other assets considered available to pay patient's medical expenses will be based on actual value.

Example: \$150,000 Market Value

\$ 80,000 Mortgage

\$ 70,000 Net Value

\$150,000 protected so equity would not be considered only other assets would be considered available for payment of patient's medical bills

## Definitions

**Elective** – Patient’s condition permits adequate time to schedule the healthcare service to meet all financial requirements.

**Essential healthcare services** – Healthcare services if not provided would cause further deterioration of an illness or injury.

**Essential healthcare services** – Healthcare services that provide prudent clinical evaluation, diagnosis or treatment of an illness, injury, or disease and that are:

- a) in accordance with the generally accepted standards of medical practice;
- b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
- c) not primarily for the convenience of the patient or physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

**Emergency**– Patient requires immediate medical intervention as a result of a severe, life threatening or potentially disabling conditions.

**Urgent** – Patient requires immediate attention for care and treatment of a physical or mental disorder.

**Uninsured** – People who lack public or private health insurance.

**Underinsured** – People with public or private insurance policies that do not cover all essential healthcare services, resulting in out-of-pocket excessive expenses.

**CAMERON MEMORIAL COMMUNITY HOSPITAL**

416 E. Maumee Street  
Angola, IN 46703  
(260) 665-2141

**Title of Policy/Procedure: Amish Community Compassionate Care Program**

**Purpose:** Recognizing its commitment to the community, it is the policy of Cameron Memorial Community Hospital to include the Amish Community and provide a reasonable amount of its services at a reduced charge to eligible Amish patients who cannot afford to pay for care.

**Policy:** Discounted care at the rate of 35% will be provided to patients of the Amish Community who meet the established eligibility criteria and complete the required application and review process. All balances after Amish Community Compassionate Care reductions are to be paid within the established guidelines for priority order of payment options under Cameron's collection policy. All Amish patients will be treated equitably, with dignity, respect and compassion throughout the billing and collection process.

**Eligibility Criteria:**

1. discounted care includes services provided to the following:
  - a. Amish patients who apply for Compassionate Care and provide the necessary documentation to support the application
  - b. Amish patients who secure monetary help from their church community and coverage is inadequate to cover a catastrophic situation. Consideration will be given on a case by case basis to patients who have exhausted their church benefits and/or whose income or assets exceed financial eligibility criteria but face extraordinary medical costs. Refer to #7 below.
  - c. Deceased Amish patients with no estate. This is based on the conclusion that the descendant has no assets and therefore no ability to pay.
  - d. Amish patient accounts that are deemed uncollectible due to Discharge of Debtor by bankruptcy.
2. Discounted care is for essential health services.
3. The minimum balance of \$300 after private or public insurance has paid (if applicable) will be considered under this policy. For balances less than \$300 other payment options are available. This does not apply to Home Health and Hospice and Rehabilitation services.
4. Assets must not surpass \$50,000. Assets are defined as Real Estate (other than patient's primary residence), Automobiles, Boats/RVs/Motorcycles, Stocks/Bonds, Certificates of Deposit, Retirement Plans (IRA, 401K, 403B), Savings/Checking Accounts.
5. Home equity must not surpass \$150,000.

6. In order to qualify for Catastrophic Financial Assistance, the Amish patient's medical expenses related to Cameron Memorial Community Hospital must exceed 15% of the household income or equity in the household assets. (Attachment 1B)
7. Amish patients seeking Compassionate Care Financial Assistance shall comply with the hospital's financial assistance application requirements including the production of necessary documentation, and will provide the hospital with any and all financial and other necessary information needed to enroll in state and/or federally sponsored insurance programs if required.

**Documentation:** An Amish patient applying for Compassionate Care will provide the following documentation:

1. Documentation of all household income (including but not limited to: bank statements, copies of receipts, checks, etc. for labor or services provided)
2. Birth certificate (or midwife letter) for all children in household

**Procedure:**

1. All Amish patients will be informed of the Compassionate Care Financial Assistance application. The attached application will be used by patients to apply for Compassionate (Charity Care) from Cameron Memorial Community Hospital. If needed, a Financial Services Representative will provide assistance to Amish patients to fill out the application.
2. All attempts should be made by Cameron Memorial Community Hospital to have the Amish patient fill out the Compassionate Care application at or before the time services are rendered and should be completed within sixty (60) days of delivery outpatient services or discharge except for pending Medicaid accounts.
3. In the event that an Amish patient should utilize Cameron's Home Health Care and Hospice, the Compassionate Care application will cover a three month time period from the date the application is approved.
4. In the event that an Amish patient should utilize Cameron's Rehabilitation Center, the Compassionate Care application will cover the period of treatment outlined in the physician's orders.
5. Upon review of the patient's financial and employment situation as completed in the application, the hospital will determine whether the patient qualifies for Compassionate Care based on the above stated eligibility.
6. The appointed Financial Services Representative will examine the application and supporting documentation and recommend a Compassionate Care reduction of 35% after the private pay discount of 15% has been applied. The Financial Services Representative will forward the recommendation to the Financial Services Supervisor.



# ATTACHMENT FOR THE REQUEST FOR COMPASSIONATE CARE FINANCIAL ASSISTANCE

## 1B

### Catastrophic Medical Bills - Income and Asset Tests

#### Income Test

1. CMCH will multiply the household income by 15%.
2. CMCH will determine the patient's allowable medical expenses due to CMCH.
3. CMCH will compare 15% of the household income to the total of the patient's allowable medical expenses due CMCH. if the total of the allowable medical expenses is greater than 15% of the household income, then the patient meets the catastrophic community care qualification. CMCH will limit patient liability for medical expenses to 15% of the household income. Amounts that exceed this limit will be eligible for community care.

Example: Household income of \$50,000 per year and medical expenses of 20,000. 15% of the household income is \$7,500; the patient's medical expenses exceed this amount. The patient should therefore be eligible for compassionate care financial assistance of \$12,500.

#### Asset Test

1. Assets considered available to pay patient's medical expenses are equity in a real estate, other than the patient's primary residency, automobiles, Boats/RVs/Motorcycles, Stocks/Bonds, Certificates of Deposit, Retirement Plans, Savings and Checking Accounts.
2. Equity over and above \$150,000 will be considered as available to pay medical liabilities.
3. The catastrophic limit under this test will be established at 100% of the equity in real property over and above the first \$150,000 in a primary residence, and 100% of the equity in other real property producing income.
4. Other assets considered available to pay patient's medical expenses will be based on actual value.

Example: \$150,000 Market Value  
\$ 80,000 Mortgage  
\$ 70,000 Net Value  
\$150,000 protected so equity would not be considered only other assets would be considered available for payment of patient's medical bills

## Definitions

**Elective** – Patient’s condition permits adequate time to schedule the healthcare service to meet all financial requirements.

**Essential healthcare services** – Healthcare services if not provided would cause further deterioration of an illness or injury.

**Essential healthcare services** – Healthcare services that provide prudent clinical evaluation, diagnosis or treatment of an illness, injury, or disease and that are:

- a) in accordance with the generally accepted standards of medical practice;
- b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
- c) not primarily for the convenience of the patient or physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

**Urgent** – Patient requires immediate attention for care and treatment of a physical or mental disorder.