



Longmont United Hospital

Our Charity Policy

Purpose

To provide medical care to the medically indigent population.

Policy

We provide a uniform charge structure that applies to all patients regardless of their ability to pay. We make available to the public information on the hospital-based Charity Care Program and other known programs of financial assistance. We communicate this information to patients in a way that is easy to understand, culturally appropriate, and in other languages prevalent in our community.

Procedures

1. A patient, employee, physician or interested party on behalf of the patient, can initiate a need for assistance on a combined account total over \$500.
2. A charity application will be mailed or given to the patient. The account will be documented that the application was sent or given to the patient.
3. A list of information needed for the application will be attached to the charity application. A notice that the completed forms need to be returned in 10 business days of receipt. Collection activity will resume on the account if the forms are not returned or there has been no communication on the account within 14 business days.
4. The completed application will be returned to the business office.
5. Eligibility shall be determined by obtaining any or all of the following information in a confidential manner:
 - Gross Income
 - Employment status
 - Family Size
 - Child care/Day Care expenses
 - Housing Expenses
 - Outstanding Medical Obligations
 - Current medical status
 - Credit Report
6. Upon receipt, review the Financial Disclosure Statement and supporting documentation to insure that the financial documentation includes any or all of the following:
 - Patient or Patient Representative Signature
 - Federal and State income tax for the most recent year
 - Copy of current pay stubs (employer) for last three months
 - Letter of income source, if not employed.
 - Bank statements for last three months
 - Three months of child care/day care receipts
 - Self-employed patients may be required to provide additional information or documentation
7. Document account that completed forms have been received, and charity is pending review.



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Charity Adjustment Calculation

1. Calculate the patient's gross income.
2. Establish the charity discount level by analyzing the gross income and number of dependents on the Colorado Indigent Care Program Ability-to-Pay Scale.
3. Determine the adjusted patient responsibility.

Charity Approvals Levels

Special Programs Coordinator	\$10,000 and under
Business Services Manager	\$10,001 to \$50,000
Charity Committee	\$50,001 and above

For individuals who have applied for public benefits and/or Midland Intervention, no adjustments will be done until patient or Midland Health Services provide final determination.

Counseling of Charity Care Patients

The Account Representative or the Special Programs Coordinator will call/meet/visit the patient and inform the patient of:

- Eligibility for program
- Eligible charity amount
- Remaining patient responsibility
- Establish acceptable payment arrangements for remaining patient liability if balance can not be paid in full.

Completion Process

The Account Representative or Special Programs Coordinator will:

- Document the account
- Send follow-up letter to patient with the amount of adjustment and, if applicable payment agreement
- Applications will be stored in the Special Programs Coordinator office for audit purposes. Applications will be stored for a period of two years then retained in an accessible storage area for another five years



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Colorado Indigent Care Program
 Ability to Pay Schedule (Effective April 1, 2009 - March 31, 2010)
 Income Ranges for Each Ability-to-Pay Rate

Changing The Caring Experience...

Family Size	Z	N	A	B	C	D
1	\$0-4,332	\$0-4,332	\$4,333-6,715	\$6,716-8,772	\$8,773-10,830	\$10,831-12,671
2	\$0-5,828	\$0-\$5,828	\$4,333-6,715	\$9,034-11,802	\$11,803-14,570	\$14,571-17,047
3	\$0-7,324	\$0-7,324	\$7,325-11,352	\$11,353-14,831	\$14,832-18,310	\$18,311-21,423
4	\$0-8,820	\$0-8,820	\$8,821-13,671	\$13,672-17,861	\$17,862-22,050	\$22,051-25,799
5	\$0-10,316	\$0-10,316	\$10,317-15,990	\$15,991-20,890	\$20,891-25,790	\$25,791-30,174
6	\$0-11,812	\$0-11,812	\$11,813-18,309	\$18,310-23,919	\$23,920-29,530	\$29,531-34,550
7	\$0-13,308	\$0-13,308	\$13,309-20,627	\$20,628-26,949	\$26,950-33,270	\$33,271-38,926
8	\$0-14,804	\$0-14,804	\$14,805-22,946	\$22,947-29,978	\$29,979-37,010	\$37,011-43,302
Poverty Level*	40%-Homeless	40%	62%	81%	100%	117%

Family Size	E	F	G	H	I
1	\$12,672-14,404	\$14,405-17,220	\$17,221-20,036	\$20,037-21,660	\$21,661-27,075
2	\$17,048-19,378	\$19,379-23,166	\$23,167-26,955	\$26,956-29,140	\$29,141-36,425
3	\$21,424-24,352	\$24,353-29,113	\$29,114-33,874	\$33,875-36,620	\$36,621 -45,775
4	\$25,800-29,327	\$29,328-35,060	\$35,061-40,793	\$40,794 -44,100	\$44,101 -55,125
5	\$30,175-34,301	\$34,302-41,006	\$41,007-47,712	\$47,713-51,580	\$51,581-64,475
6	\$34,551-39,275	\$39,276-46,953	\$46,954 -54,631	\$54,632-59,060	\$59,061-73,825
7	\$38,927-44,249	\$44,250-52,899	\$52,900-61,550	\$61,551-66,540	\$66,541-83,175
8	\$43,303-49,223	\$49,224-58,846	\$58,847-68,469	\$68,47-74,020	\$74,021-92,525
Poverty Level*	133%	159%	185%	200%	250%

*Percent of federal poverty level which corresponds to the upper limit of income in each rating level. Rev. 1/2009



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Colorado Indigent Care Program Client Copayment Table

CICP Rating	Inpatient Hospital Copayment	Physician Copayment	Outpatient Clinic Copayment	Hospital Emergency Room and Specialty Outpatient Clinic Copayment	Prescription and Lab Copayment
N	\$15	\$7	\$7	\$15	\$5
A	\$65	\$35	\$15	\$25	\$10
B	\$105	\$55	\$15	\$25	\$10
C	\$155	\$80	\$20	\$30	\$15
D	\$220	\$100	\$20	\$30	\$15
E	\$300	\$150	\$25	\$35	\$20
F	\$390	\$195	\$25	\$35	\$20
G	\$535	\$270	\$35	\$45	\$30
H	\$600	\$300	\$35	\$45	\$30
I	\$630	\$315	\$40	\$50	\$35
Z	\$0	\$0	\$0	\$0	\$0

Changing The Caring Experience...



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Charity Guidelines in excess of CICP Scale
 Effective April 1, 2009 - March 31, 2010

Family Size	J	K	L
1	\$27,076-28,050	\$28,051-30,866	\$30,867-32,490
2	\$35,426-37,736	\$37,737-41,525	\$41,526-43,710
3	\$45,776-47,423	\$47,424-52,184	\$52,185-54,930
4	\$55,126-57,110	\$57,111-62,843	\$62,844-66,150
5	\$64,476-66,796	\$66,797-73,502	\$73,503-77,370
6	\$73,826-76,483	\$76,484-84,161	\$84,162-88,590
7	\$83,176-86,169	\$86,170-94,820	\$94,821-99,810
8	\$92,526-95,856	\$95,857-105,479	\$105,480-111,030
Poverty Level	259%	285%	300%
Inpatient Copay*	\$3,000	\$4,000	\$5,000
Outpatient Copay	\$300	\$350	\$400

*Day Surgery patients incur an inpatient hospital copayment