



Originated:	03/2005
Effective:	02/2022
Last Approved:	02/2022
Last Revised:	02/2022
Review Due:	02/2024
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Policy Area:	Patient Financial Services
References:	

Financial Assistance Policy

Scope

Patient Financial Services staff

Policy

It is the policy of Indiana Orthopaedic Hospital, LLC (“OrthoIndy” or “Hospital”) to ensure a socially just practice for providing emergency and other medically necessary care at the Hospital facility. This policy is dedicated to serving the health care needs of the community. The Financial Assistance Program has been established to provide financial relief to those who are unable to meet their financial obligation to the Hospital. This policy applies to each of the following OrthoIndy locations:

- 8400 Northwest Blvd Indianapolis, IN 46278
- 1260 Innovation Pkwy Suites 135 and 150 Greenwood, IN 46143
- 7950 Ortho Ln. Brownsburg, In 46112
- 6040 W. 84th St Indianapolis, IN 46278
- 1579 Olive Branch Park Ln Suite 100 Greenwood, IN 46143
- 10995 N. Allisonville Rd. Suite 101 Fishers, IN 46038
- 805 W. Carmel Dr. Carmel, IN 46032
- 17471 Wheeler Rd. Ste 114 Westfield, IN 46074

- A. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
- B. This policy applies to all emergency and other medically necessary care provided by the Hospital, including employed physician services. This policy does not apply to charges for care that is not emergency and other medically necessary care.
- C. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Hospital’s facilities that specifies which are covered by the financial assistance policy and which are not.

Definitions

For the purposes of this Policy, the following definitions apply:

- “501(r)” means Section 501(r) of the Internal Revenue Code and the regulations promulgated

thereunder. **“Amount Generally**

- **“Billed”** or **“AGB”** means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **“Emergency care”** means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- **“Hospital”** means Indiana Orthopaedic Hospital, LLC which includes 10 locations in Central Indiana.
- **“Medically necessary care”** means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient’s condition; (2) the most appropriate supply or level of service for the Patient’s condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient’s family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be “medically necessary care,” the care and the timing of care must be approved by the Hospital’s Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Hospital’s discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **“Patient”** means those persons who receive emergency and other medically necessary care at the Hospital and the person who is financially

Financial Assistance Provided

Financial assistance described in this section is available to all Patients of OrthoIndy Hospital.

- A. Subject to the other provisions of this Financial Assistance Policy (“FAP”), Patients with income less than or equal to 200% of the Federal Poverty Level income (“FPL”), will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient is determined to be eligible for financial assistance pursuant to a financial assistance application (an “FAP Application”) on or prior to the 240th day after the Patient’s first discharge bill and the FAP Application is approved by the Hospital. Patient will be eligible for up to 100% financial assistance if Patient submits the FAP Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.
- B. Subject to the other provisions of this Financial Assistance Policy, Patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient submits a FAP Application on or prior to the 240th day after the Patient’s first discharge bill and the FAP Application is approved by the Hospital. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the FAP Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

<200% of current FPL	100% Write-Off of Account
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201%-225% of current FPL	80% Write-Off of Account
226%-250% of current FPL	60% Write-Off of Account
251%-275% of current FPL	40% Write-Off of Account
276%-300% of current FPL	20% Write-Off of Account

- C. Eligibility for financial assistance may be determined at any point in the revenue cycle for a Patient with a sufficient unpaid balance within the first 240 days after the Patient's first discharge bill to determine eligibility for 100% charity care notwithstanding Patient's failure to complete a FAP Application

Limitations on Charge for Patient Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Hospital calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Hospital, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained on the Hospital's website or by visiting any Patient Registration department. AGB will be calculated annually with the update being made effective July 1st each year.

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance by applying for financial assistance by submitting a completed FAP Application. The FAP Application is available on the Hospital's website or by visiting any Patient Registration department. The Hospital will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the Patient is deemed to be potentially eligible in order to qualify for financial assistance. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or if the Patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the Patient is deemed to be potentially eligible in order to qualify for financial assistance. Along with the completed FAP Application, the following items must also be submitted within fifteen (15) calendar days of submitting the completed FAP Application:

- A. Income from all sources, listing gross income for the most recent three-month period.
- B. Copies of most recent paycheck stubs for three (3) months for responsible members of household. This include disability check stubs.
- C. Statements (most recent 3) from all bank accounts, certificates of deposit, stocks, bonds, real estate, 401(K), etc.
- D. Copies of most recent Federal and State income tax filings.
- E. If you are not employed, we can accept a statement from the unemployment office stating you are not working and for how long you have been unemployed.
- F. All third-party resources and non-hospital financial aid programs, including public assistance available through Medicaid, must be exhausted before financial assistance/charity benefits can be granted.

If a Patient is reluctant or unable to provide the documentation listed above, then the Hospital may use other

reasonable methods for determining financial need, including documented Patient interviews or questionnaires.

After reviewing a completed FAP Application and income and expense information, Patient Financial Services personnel will determine if the Patient qualifies for financial assistance benefits based on the AGB Calculation Worksheet. If the Patient qualifies for financial assistance, he/she will be notified, and the account will be adjusted accordingly. Financial assistance may be granted to deceased Patients when there is no estate

Billing and Collection

The actions that the Hospital may take in the event of nonpayment are described in a separate billing and collection policy. A free copy of the billing and collection policy may be obtained on the Hospital's website or by visiting any Patient Registration department.

If you have any questions or difficulty in obtaining the necessary information, please call our Charity Administrator at (317) 773-4225.

Sample Attachments that may be helpful are included:

- A. Initial Financial Assistance Letter sent to patient
- B. Permission to Obtain Credit Report
- C. Request for More Information in order to make a charity determination letter
- D. Charity Approval Letter
- E. Charity Denial Letter
- F. Calculation Worksheet
- G. Financial Statement Worksheet
- H. Charity Guideline Grid
- I. Financial Statement Personal Information
- J. Financial Statement Expenses
- K. Financial Statement Assets
- L. Billing and Collection Practice

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Attachments

- [Attachment A: Initial Financial Assistance Letter](#)
- [Attachment B: Permission to Obtain Credit Report](#)
- [Attachment C: Request for More Information](#)
- [Attachment D: Charity Approval Letter](#)
- [Attachment E: Charity Denial Letter](#)
- [Attachment F: Calculation Worksheet](#)
- [Attachment G: Financial Statement Worksheet](#)
- [Attachment H: Charity Guideline Grid](#)

Attachment I: Personal Information
Attachment J: Expenses
Attachment K: Assets
OrthoIndy Hospital Billing and Collection Practice.docx

Approval Signatures

Step Description	Approver	Date
Hospital Governing Committee	Kathleen McSchooler: Administration	02/2022
Medical Executive Committee	Kathleen McSchooler: Administration	02/2022
Policy Committee	Kathleen McSchooler: Administration	02/2022
CFO	Anthony Gioia: CFO	02/2022
Compliance	J. Cody O'Neil: Paralegal	01/2022
	Valerie Arnold: Director Revenue Cycle/HIM	12/2021

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