		REFERENCE
		031
SUBJECT: Medical Indigent Care Program		PAGE: 1
Corporate Policies and Procedures		OF: 2
DEPARTMENT: Patient Financial Services		EFFECTIVE: 12/04
APPROVED BY: Jim Worrell	CFO	REVISED: 10/10
APPROVED BY: Ken Harman	CEO	

CICP Allowance


Pioneers Medical Center follows the guidelines in the Colorado Indigent Care Program (CICP) to determine eligibility for in-house CICP equivalent allowances. Pioneers Medical Center does not participate in the CICP, but continues to follow the guidelines set forth. Pioneers Medical Center will accept patients who qualify for CICP at other Colorado facilities.

Charity Allowance

If no source of financial assistance is available, Pioneers Medical Center (PMC) will review the account for a charity allowance. Patients could exceed income guidelines of CICP and Colorado Medicaid and still be medically indigent. CICP write-offs are also classified as charity write-offs. This policy addresses those situations when a responsible party's income exceeds the state poverty guidelines.

To be eligible for Charity allowance considerations:

1. Responsible party must have been reviewed and found not eligible for Medicaid, or CHP+.
2. Patients or responsible party may not be Colorado Medicaid, or CHP+ eligible for this date of service, but become eligible following the date of service (within 90 days).
3. Patient is eligible for Medicaid, or CHP+ but incurs a non-covered service.
4. Patient was eligible for out of state Medicaid and PMC does not participate in that state's Medicaid program.
5. Patients or responsible party could be medically indigent based upon the following guidelines:
 - a. Responsible party's net medical liability is >25% of the family income for a 12 month period. Calculated using the current quarter income.
 - b. Family size and income must be verified by last year's federal income tax return or current pay records for the last three months.
 - c. The following slide scale will be used to determine charity write-off amount.
 - d. Guarantor is ineligible if family income is >4 times the poverty level.

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Corporate Policies and Procedures		PAGE: 2
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2010 POVERTY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINES										
	100%	120%	133%	135%	150%	175%	185%	200%	250%	300%	400%
1	10,830.00	12,996.00	14,403.90	14,620.50	16,245.00	18,952.50	20,035.50	21,660.00	27,075.00	32,490.00	43,320.00
2	14,570.00	17,484.00	19,378.10	19,669.50	21,855.00	25,497.50	26,954.50	29,140.00	36,425.00	43,710.00	58,280.00
3	18,310.00	21,972.00	24,352.30	24,718.50	27,465.00	32,042.50	33,873.50	36,620.00	45,775.00	54,930.00	73,240.00
4	22,050.00	26,460.00	29,326.50	29,767.50	33,075.00	38,587.50	40,792.50	44,100.00	55,125.00	66,150.00	88,200.00
5	25,790.00	30,948.00	34,300.70	34,816.50	38,685.00	45,132.50	47,711.50	51,580.00	64,475.00	77,370.00	103,160.00
6	29,530.00	35,436.00	39,274.90	39,865.50	44,295.00	51,677.50	54,630.50	59,060.00	73,825.00	88,590.00	118,120.00
7	33,270.00	39,924.00	44,249.10	44,914.50	49,905.00	58,222.50	61,549.50	66,540.00	83,175.00	99,810.00	133,080.00
8	37,010.00	44,412.00	49,223.30	49,963.50	55,515.00	64,767.50	68,468.50	74,020.00	92,525.00	111,030.00	148,040.00

For family units of more than 8 members, add \$3,740 for each additional member.

Sources:

Department of Health Care Policy and Financing: www.chcpf.state.co.us

Centers for Medicare and Medicaid Services:

<https://www.cms.gov/MedicaidEligibility/downloads/POV10Combo.pdf>