

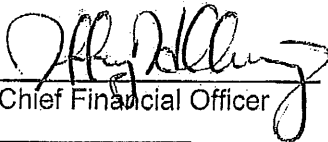
LEWIS COUNTY GENERAL HOSPITAL
LOWVILLE, NY

PATIENT ACCOUNTING

SUBJECT: COMMUNITY BENEFIT

Effective Date: January 1, 2007

Approved By:


Chief Financial Officer

POLICY

It is the policy of Lewis County General Hospital to provide a "cap" on patient financial liability for services provided by the "Hospital" and all hospital employed physicians. The "cap" will not exceed the amount reimbursed by our most frequently-used insurance companies.

PROCEDURE

1. The "cap" will be calculated by utilizing a daily per diem for each inpatient day, a global rate for Emergency Room services, and a percent of charges for most other outpatient services. The "cap" amounts will be recalculated at the beginning of each year based on revised third-party contracts.
2. The "cap" will be applied to most charges for all services provided by the hospital or hospital-employed physicians that are not otherwise covered by or included with a health insurance policy.
3. The financial liability "cap" will be offered to all patients regardless of geographic area and income. Only services rendered on or after January 1, 2007 are eligible.
4. The financial "cap" will be calculated at the time that the initial itemized bill is generated. The itemized bill will identify all individual line item charges for all services rendered using Lewis County General Hospital normal charges. The "discount" amount representing the difference between the actual charges and the liability "cap" will be calculated and shown as a separate line item on the itemized bill. The initial itemized bill sent to the patient will reflect the total itemized charges, the discount amount, and the current balance due.
5. The initial bill will be accompanied by a letter stating our financial policy along with income guidelines identifying eligibility for further financial assistance.

APPROVAL	1. Patient Accounting Department 2. Standards Review Committee 3. Medical Bylaws and Board of Managers Signed by: Chief Financial Officer
Interdisciplinary Involvement	Education as required and designated at Standards Review Committee Meetings.
Created:	January, 2007
Revised:	
Reviewed:	6/16, 5/18
Location	Admin Shared / Policies – General / Patient Accounting / Community Benefit

LCGH COMMUNITY BENEFIT

<u>2024</u>	<u>DAYS</u>	<u>RATE</u>	<u>NYS - 9.63%</u>	<u>TOTAL</u>
<u>ER</u>	per visit	\$ 850.00	\$ 81.86	\$ 931.86
<u>OBSERVATION</u>	per visit	\$ 3,900.00	\$ 375.57	\$ 4,275.57
<u>MED/SURG/OB</u>	1	\$ 3,200.00	\$ 308.16	\$ 3,508.16
	2	\$ 6,400.00	\$ 616.32	\$ 7,016.32
	3	\$ 9,600.00	\$ 924.48	\$ 10,524.48
	4	\$ 12,800.00	\$ 1,232.64	\$ 14,032.64
	5	\$ 16,000.00	\$ 1,540.80	\$ 17,540.80
	6	\$ 19,200.00	\$ 1,848.96	\$ 21,048.96
	7	\$ 22,400.00	\$ 2,157.12	\$ 24,557.12
	8	\$ 25,600.00	\$ 2,465.28	\$ 28,065.28
	9	\$ 28,800.00	\$ 2,773.44	\$ 31,573.44
	10	\$ 32,000.00	\$ 3,081.60	\$ 35,081.60
<u>ICU</u>	1	\$ 3,600.00	\$ 346.68	\$ 3,946.68
	2	\$ 7,200.00	\$ 693.36	\$ 7,893.36
	3	\$ 10,800.00	\$ 1,040.04	\$ 11,840.04
	4	\$ 14,400.00	\$ 1,386.72	\$ 15,786.72
	5	\$ 18,000.00	\$ 1,733.40	\$ 19,733.40
	6	\$ 21,600.00	\$ 2,080.08	\$ 23,680.08
	7	\$ 25,200.00	\$ 2,426.76	\$ 27,626.76
	8	\$ 28,800.00	\$ 2,773.44	\$ 31,573.44
	9	\$ 32,400.00	\$ 3,120.12	\$ 35,520.12
	10	\$ 36,000.00	\$ 3,466.80	\$ 39,466.80
<u>OB DELIVERY</u>	1	\$ 3,618.30	\$ 348.44	\$ 3,966.74
\$1,520. each day on	2	\$ 5,138.30	\$ 494.82	\$ 5,633.12
	3	\$ 6,658.30	\$ 641.19	\$ 7,299.49
	4	\$ 8,178.30	\$ 787.57	\$ 8,965.87
	5	\$ 9,698.30	\$ 933.95	\$ 10,632.25
<u>NURSERY</u>	1	\$ 1,168.65	\$ 112.54	\$ 1,281.19
\$840. each day on	2	\$ 2,008.65	\$ 193.43	\$ 2,202.08
	3	\$ 2,848.65	\$ 274.32	\$ 3,122.97
	4	\$ 3,688.65	\$ 355.22	\$ 4,043.87
	5	\$ 4,528.65	\$ 436.11	\$ 4,964.76
<u>SKILLED NURSING</u>	Semi	\$343.00	Private	\$ 362.00
(DAILY ROOM RATE)				
Ancillary charges are additional				