RESOLUTION 80-18

To Ratify the Ambulance Agreement Between the City of Bloomington, Monroe County and Bloomington Hospital

WHEREAS, I.C. 16-1-39-1--16-1-39-19 was enacted to promote the establishment and maintenance of an effective system of emergency medical service, including the necessary equipment, personnel, and facilities to insure that all emergency patients receive prompt and adequate medical care throughout the range of emergency conditions encountered; and

WHEREAS, said statutes establish a state commission, which said commission has, among other duties and responsibilities, programs for the training of personnel engaged in providing emergency medical care and treatment, regulate, inspect, and certify services, facilities and personnel engaged in providing emergency medical services and to adopt and promulgate such necessary rules and regulations as may be required to implement an approved system of emergency medical services; and

WHEREAS, it is the desire of the City of Bloomington to provide emergency medical services meeting the provisions of the aforesaid statutes; and,

WHEREAS, the Hospital and the County is desirous of cooperating with the City of Bloomington to provide services as aforesaid;

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE COMMON COUNCIL OF THE CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA, THAT:

SECTION I. The Ambulance Agreement attached hereto and made a part hereof is hereby approved and ratified.

SECTION II. The Mayor of the City of Bloomington is hereby authorized to sign the above mentioned agreement.

PASSED and ADOPTED by the Common Council of the City of Bloomington, Monroe County, Indiana upon this 4th day of Sept., 1980.

Al Towell, President Pro-Tem
Bloomington Common Council

ATTEST:

Nora Connors, City Clerk

SIGNED AND APPROVED by me upon this 8th day of Sept, 1980.

Francis X. McCloskey, Mayor
City of Bloomington

SYNOPSIS

This Resolution would approve the agreement for the provision of ambulance service by the Hospital between the City of Bloomington, Monroe County, and Bloomington Hospital.

AMBULANCE AGREEMENT

This agreement made and entered into by and between the BOARD OF COMMISSIONERS OF MONROE COUNTY, STATE OF INDIANA, and the CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA, hereinafter referred to as MUNICIPAL CORPORATIONS, and BLOOMINGTON HOSPITAL, a private hospital located in Monroe County, State of Indiana, owned and operated by the Local Council of Women of Bloomington, Indiana, Inc. an Indiana not-for-profit corporation, hereinafter referred to as HOSPITAL, WITNESSETH:

WHEREAS, I.C. 16-1-39-1--16-1-39-19 was enacted to promote the establishment and maintenance of an effective system of emergency medical service, including the necessary equipment, personnel, and facilities to insure that all emergency patients receive prompt and adequate medical care throughout the range of emergency conditions encountered; and

WHEREAS, said statutes establish a state commission, which said commission has, among other duties and responsibilities, programs for the training of personnel engaged in providing emergency medical care and treatment, regulate, inspect, and certify services, facilities and personnel engaged in providing emergency medical services and to adopt and promulgate such necessary rules and regulations as may be required to implement an approved system of emergency medical services; and

WHEREAS, it is the desire of Municipal Corporations to provide emergency medical services meeting the provisions of the aforesaid statutes; and,

WHEREAS, Hospital is desirous of cooperating with Municipal Corporations to provide services as aforesaid;

NOW, THEREFORE, BE IT AGREED BY AND BETWEEN THE PARTIES IN CONSIDERATION OF THE MUTUAL PROMISES AND COVENANTS AS HEREINAFTER SET FORTH AS FOLLOWS, TO WIT:

(1) Term: Commencing on the 1st day of April, 1981, Hospital shall effect in Municipal Corporations an Emergency Medical Service Program meeting all standards of the aforesaid Indiana emergency medical services law, the Joint Commission on Accreditation of Hospitals and requirements of other agencies with legal jurisdiction. Hospital shall render said services from and after the aforesaid date to and including the 31st day of March, 1986 (subject to agreement being reached on financial terms in 1983-85.)

(2) Scope of Services: Such services shall include full staffing and availability of four (4) ambulances. During the day and evening (approximately 7 a.m. to 10 p.m.) ambulances shall be stationed at each of the following locations: Two (2) at Bloomington Hospital and two (2) at City Fire stations. Sleeping quarters shall be provided by Hospital for the primary ambulance crews. These quarters shall be located near the Bloomington Hospital. One (1) ambulance shall always remain east of the railroad tracks dividing Bloomington until such time as the railroad is no longer a barrier between the east side of the City and the Hospital.

One (1) such ambulance shall be operated by employees of the City of Bloomington Fire Department. The City shall designate nine (9) employees for this purpose and said employees shall be available to Hospital, for the purposes of training, at the convenience of Hospital. Hospital shall have the right, duty and obligation of supervising said employees in all matters relating to the provisions of emergency medical services. Hospital shall have the right, duty and obligation to evaluate and disqualify for emergency medical service, if necessary, any or all of said employees. In the event of such disqualification by Hospital the Parties agree to immediately meet and discuss the resulting staffing problems, but it is understood that none of the parties are committed to bearing any increased costs except as provided elsewhere in this agreement. City shall continue to send this one (1) ambulance to all major fires and shall continue to send rescue vehicles to automobile accidents. City shall also make its four wheel drive vehicle, if it has one, available to Hospital when necessary and when not in use by City.

Hospital shall have the responsibility for developing standards, procedures, and guidelines in regard to personnel, equipment, supplies, communications, facilities, all as required by said emergency medical services act. In the performance of its obligation in this regard, Hospital shall purchase and equip, account for depreciation, maintenance, licensing, provide suitable housing and insurance relating to all equipment involved; and, shall employ qualified personnel to administer the emergency medical services on a twenty-four (24) hour daily basis, paying all salaries, taxes, and other personnel and administrative expenses relating to providing of said services. The parties hereto agree that for the first twelve (12) months this agreement shall be in effect that Hospital shall be required to provide what is defined by the aforesaid commission as basic life support syste ms but that within twenty-four (24) months of the date of this agreement personnel and equipment shall be sufficient to support, as defined by said commission, an advanced life support system. As to all personnel involved, other than City employees provided for above, the Hospital has the right, duty and obligation of employing the same and shall have the duty and right to supervise such personnel and the duty and right to terminate such personnel as it shall determine in its sole discretion fail to satisfactorily perform the duties assigned to them. Hospital agrees to provide such insurance coverage as the State of Indiana may require and shall in any event hold Municipal Corporations harmless and shall defend them from any and all claims of whatever kind or character which may be made against Municipal Corporations based upon Hospital's performance of its duties as herein set forth. Hospital shall advise Municipal Corporations of its individual employee who has the supervision of Hospital's undertakings pursuant to the terms of this agreement. Such advice shall be in writing and shall reflect changes, if any, as the same shall occur in such supervision during the term of this agreement.

(3) User Fee: The parties agree that a User Fee shall be initiated on the effective date of this agreement subject to the normal approvals required. The fee for 1981 and 1982 shall be as follows:

Service Description	One (1) Patient	Two/More Patients
Basic Life Support	$80.00	$55.00/patient
Advanced Life Support		
--intermediate	$100.00	$75.00/patient
--intensive care	$150.00	$115.00/patient

It is understood by the parties that all runs during the first year shall be billed at Basic Life Support rates. Thereafter, the charge will depend on the service.

Charges as defined above will be made, and will be collected to the extent which users' third party payors, including all governmental insurance programs, are authorized or legally obligated to pay. Charges in excess of payments received from third party payors will be collected from the user to the extent which he is legally obligated and able to pay. Hospital agrees, however, that services shall be made available to all persons, and that no person shall be denied service provided in this agreement by reason of inability to pay. The Hospital, in determining an applicant's ability to pay and in the collection of payments, shall use recognized business procedures, but shall not raise "means tests", "collection agencies" nor other similar practices in such a manner as to discourage utilization of any services provided herein or to lessen human dignity. All business procedures to be used by the Hospital in the collection of ambulance charges shall be reviewed with Municipal Corporations on an annual basis, prior to the effective date of this contract and prior to the effective date of any subsequent renewal of this contract.

Prior to June 1, 1982, the parties shall meet to determine the User Fee Schedule for 1983 and, if they choose, subsequent years of this agreement. The parties shall attempt to establish a fee schedule which is adequate to meet the costs of providing the service pursuant to this agreement.

(4) Consideration: In recognition of the probable inability to charge and collect user fees from third party charge payors and private pay patients sufficient to cover all operating expenses of emergency ambulance services Municipal Corporations agree to reimburse Hospital to the total extent to which operating expense (including a 10 per cent overhead factor) exceeds collected charges subject to a guaranteed maximum stated below. However, for this purpose it is anticipated that charges for services provided beneficiaries under Title 18 and Title 19 of the Social Security Act (Medicare and Medicaid) will be reimbursed on a reasonable cost basis. The Hospital agrees to maintain a separate accounting of income and expense of ambulance services provided Medicare and Medicaid beneficiaries in such manner as is necessary to assure that any funding by Municipal Corporations will not apply to services provided beneficiaries of the Medicare and Medicaid programs. In no event shall the City pay Hospital more than $82,800 in 1981 or more than $143,690 in 1982; in no event shall County pay Hospital more than $55,200 in 1981 or $95,794 in 1982.

Hospital agrees to reimburse City, on a monthly basis, for the "Professional Pay" which City will pay to its nine (9) employees referred to in Section Two (2) of this agreement. It is agreed that this Professional Pay shall be, annually, one thousand three hundred dollars ($1,300.00) per employee classified as an Emergency Medical Technician (EMT) and two thousand seven hundred dollars ($2,700.00) per employee classified as Paramedic.

Further, in consideration for the service provided, City and Hospital agree to enter into a lease for the four ambulances currently owned by City. The lease payment shall be one thousand dollars ($1,000) per month and said amounts shall be credited to City and amounts owed to Hospital by City shall be reduced by said credits. Provided further, that at such time as City shall be legally authorized to do so, it shall enter into an agreement with Hospital for the purchase by Hospital of said ambulances for a total purchase price of forty-eight thousand dollars ($48,000). Any lease payments made by Hospital to City shall be deducted from said purchase price.

Hospital further agrees to purchase one (1) new ambulance in 1981 and one (1) new ambulance in 1982. In the event that the parties cannot agree to the extension of this agreement for 1983, 1984 and 1985, then Hospital hereby gives City the right to acquire, lease, or purchase all of the above mentioned vehicles for either the "book value" (established by using generally accepted accounting principles) or appraised value, whichever is less.

(5) Time and Method of Payment: The amount by which the operating expenses exceed amounts received from User Fees, hereinafter referred to as deficit, is to be estimated on a pro forma basis annually, and verified and/or adjusted according to actual data available subsequent to each fiscal year end. Based on the pro forma data for 1981, interim payment amounts equal to one-ninth of the total deficit anticipated, but in no event more than one-ninth of the Municipal Corporations' maximum yearly obligation as stated in Paragraph 4, will be determined by the Hospital. Based on the pro forma data for 1982, interim payment amounts equal to one-twelfth of the total deficit anticipated, but in no event more than one-twelfth of the Municipal Corporations' maximum yearly obligation as stated in Paragraph 4, will be determined by the Hospital. Payments thus determined are payable by the Municipal Corporations in advance on or before the tenth of each month provided Hospital submits a claim for said amounts on forms provided by Municipal Corporations. The determination of actual ambulance service deficit will be made by the Hospital and its accountants within ninety (90) days of the Hospital's September 30 fiscal year end. At the time of determination, of actual ambulance service deficit, Municipal Corporations will be informed of any payment or refund due. The amount of settlement is to be added to or deducted from the Municipal Corporations' next monthly interim payment.

(6) Non-Discrimination: The parties hereto agree that they shall not discriminate against any person because of that person's race, religion, color, national origin, age, or sex.

The parties acknowledge their continuing responsibility affirmatively to seek equal employment practices whereby all employees will be given equal opportunity to be employed in positions which provide the greatest opportunity for use of their skill, ability and experience.

(7) Non-Competition: Municipal Corporations agreed that, during the term of this agreement, they shall not provide emergency medical services except as provided elsewhere in this agreement. Municipal Corporations further agree that they shall use their best efforts to prohibit other governmental units from providing said services.

(8) Approvals: It is understood that this agreement, to be binding, must be approved by, among others, the City of Bloomington Common Council, the Monroe County Commissioners, the Indiana State Board of Health, the Southern Indiana Health Systems Agency, the Indiana Emergency Medical Service Commission, the Indiana Blue Cross Rate Review Committee, and the Department of Health and Human Services. The parties hereto agree to use their best efforts to obtain such approval.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals binding themselves and their successors in interest.

BOARD OF COMMISSIONERS OF
MONROE COUNTY, STATE OF INDIANA

BY_____ DATE_____

CITY OF BLOOMINGTON
MONROE COUNTY, INDIANA

BY Francis X. McCloskey DATE 9-8-80

BLOOMINGTON HOSPITAL

BY_____ DATE_____

MONROE COUNTY COMMUNITY ACTION PROGRAM, INC.
309 West Howe Street, Bloomington, Indiana 47401/812-339-3447

August 21, 1980

Tomilea Allison, Chairperson
Common Council
City of Bloomington
Bloomington, Indiana 47401

Ms. Allison:

At its August 4, 1980, meeting the Board of Directors of Monroe County Community Action Program, Inc. (CAP) voted to appoint a committee to look into the proposed ambulance user fee.

This committee met twice, once with Mr. John Goss, Administrative Assistant to the Mayor, and Mr. Gene Perry, Vice President of Bloomington Hospital. The committee also reviewed the "agreement" between the Board of Commissioners of Monroe County, the City of Bloomington and Bloomington Hospital. Mr. Perry also provided the committee with additional information on the allocation and procedures of the hospitals charitable services, as well as the income guidelines and credit policies of the hospital.

As members of the CAP Board Committee, we ideally would like to see no "user fees" charged for ambulance service. We feel that ambulance services should be one of the services like public protection, fire protection, roads, etc., that are used by all and basic to the "quality of life" of our community. However, we understand the fiscal restraints of City and County governments and recognize that City and County governments are under pressure to use their limited funding base to the fullest. We are sensitive to this responsibility, therefore, if a user fee must be implemented for the continuation of a most valuable service, we hope the program deals fairly and compassionately with those who cannot pay.

We recommend that a comprehensive educational program be developed so that low income people, particularly the elderly, would not hesitate to call an ambulance when one is needed because of a fee structure. The public, in general, should be informed as to the appropriate use of an ambulance.

We expect, as per the agreement, that all business procedures to be used by the hospital in the collection of ambulance charges be reviewed. Monroe County

Community Action Program, Inc. will naturally be interested in the treatment as it concerns low income people.

M.C.C.A.P. Ad Hoc Committee

Jean Ferguson/eg Tobiatha Eagleson/eg Dan Sherman/eg

Jean Ferguson Tobiatha Eagleson Dan Sherman

xc: F.McCloskey
W.Hanna
G.Perry
W.Finch
c.file(1)

AMENDMENT FORM

ORDINANCE # _____ RESOLUTION # 80-18 APPROPRIATION ORDINANCE # _____

SUBMITTED BY: Bill Finch

COMMITTEE ACTION: None

PROPOSED AMENDMENT:

On page 4 in the agreement itself, the first paragraph should be amended to read:

Further, in consideration for the service provided, City and Hospital agree to enter into a lease for the four ambulances currently owned by City. The lease payment shall be one thousand dollars ($1,000) per month and said amounts shall be credited to City and amounts owed to Hospital by City shall be reduced by said credits. Provided further, that at such time as City shall be legally authorized to do so, it shall enter into an agreement with Hospital for the purchase by Hospital of said ambulances for a total purchase price of forty-eight thousand dollars ($48,000). Any lease payments made by Hospital to City shall be deducted from said purchase price.

However, since this isn't part of the resolution itself, it won't be necessary to vote on the amendment.

Re: Resol. 8078
PUT IN BOOK

Major Employer Ambulance Insurance Information

RCA: If patient is admitted will pay 100% of ambulance charge. If remains outpatient, their policy pays the first $75 in full and 80% of the balance. Same coverage for accident or illness. The first $75 applies not just to ambulance but to Emergency Department charge, doctors, etc.

GE: Covered by Metropolitan. Metropolitan pays first $500 per person per year at 100%. Pays 85% thereafter.

Westinghouse: Pays 100% on local ambulance trips.

Otis: Covered by Connecticut General as of January 1, 1981. Pays same as GE contract.

*Cook, Inc.: Covered under Major Medical $100 annual deductible, pays 80%.

*Indiana University: Covered under Major Medical with $100 annual deductible, pays 80%.

*Bloomington Hospital: Covered under Major Medical with $50 annual deductible, pays 80%.

*MCCSC: Same as Hospital.

*City of Bloomington: Same as IU.

*Insurance claims for illness of a non-emergency nature will be denied by Blue Cross/Blue Shield.

Payment Sources and Percentages (Hospitalwide--all services)

Source	%	Commulative %
Medicare	29.67	29.67
Medicaid	4.14	33.81
Blue Cross	24.83	58.64
Commercial Insurance	28.32	86.96
Self pay, other	13.04	100.00

9/3/80

SUBJECT: Charity Policies

Attached are documents which explain how we administer Hill-Burton charity (labeled #1) and Hospital charity (labeled #2.)

Please note that Hill-Burton charity covers persons who are hospitalized or are hospitalized within 24 hours of visiting the Emergency Department. We believe about one-third of the patients brought by ambulance end up being hospitalized.

Also note Section 17.4 of the Hospital's Medical Indigency Policy. The section states that only accounts totaling $150 or more will be considered for charity unless the patient is eligible for or is receiving Supplemental Social Security Income or is a Health Service Bureau client. Since the ambulance agreement includes subsidies from the City and County to provide reasonable assurance that the Hospital will not suffer a loss due to a patient's inability to pay, the Hospital Board was asked to approve the ambulance agreement with the understanding that Hospital Administration would want this $150 minimum to be waived for patients brought in by ambulance. The Board approved the ambulance agreement.

Each bill with ambulance charges will be reviewed by an employee in our Financial Assistance Department and in each case where it appears the patient might not be able to afford to pay, the patient will be notified by letter that they may make application to the Hospital for assistance and how to do so.

9/3/80

#1

NOTICE OF PROPOSED PLAN OF ALLOCATION
FOR HOSPITAL CHARITABLE SERVICES

Pursuant to the requirements of the regulations of the Public Health Service, U.S. Department of Health, Education and Welfare (42 CFR Part 124, Section 124.505), notice is hereby given that Bloomington Hospital, Bloomington, Indiana proposes the following Plan of Allocation to satisfy its uncompensated service obligation in the period October 1, 1980 through September 30, 1981.

1. Inpatient services only will be made available for uncompensated services, with the exception that if an Emergency Department patient is thereafter admitted as an inpatient within a 24-hour period, charges incurred in the Emergency Department will be considered as a part of the inpatient account and therefore eligible for uncompensated services.

   Uncompensated services will be provided throughout the year on a first come, first serve basis.

   A Category B family unit (those persons with income above the CSA Poverty Income Guidelines up to twice the guidelines) will be granted 100% uncompensated services if the family's annual income is 125% or less of the CSA Poverty Income Guidelines.

   The Category B family whose annual income exceeds 125% of the guidelines, will be granted uncompensated services as a percentage of total charges according to the following schedule:

% of CSA Pov. Gdlns.	% of Uncompensated Services Granted on Total Charges
126% thru 130%	88%
131% thru 140%	76%
141% thru 150%	64%
151% thru 160%	52%
161% thru 170%	40%
171% thru 200%	-0-

   Bloomington Hospital will provide uncompensated services to all persons eligible under the plan who request uncompensated services.

2. Bloomington Hospital's established level of uncompensated services to be made available for the period October 1, 1980 through September 30, 1981 is $161,310.27. This level meet the presumptive compliance guideline of the Federal Regulations and is ten percent of all Federal assistance provided the facility under the Hospital and Medical Facilities Construction Act.

Bloomington Hospital
605-625 West Second Street
P. O. Box 1149
Bloomington, IN 47402

#2

BLOOMINGTON HOSPITAL
CREDIT POLICIES

Title: Medical Indigency Policy No.: C-17

Effective Date: 1/28/80 Approved by Board of Directors Page 1 of 3

C-17 MEDICAL INDIGENCY - General Statement

Bloomington Hospital recognizes the need for charity services beyond the annual obligation as required under the Hill-Burton regulations. It is the intent of this policy to set forth guidelines to be applied when considering the granting of non Hill-Burton/Hospital charity.

17.1 Individuals eligible for or receiving Supplemental Social Security Income or Health Services Bureau clients will be considered eligible for charity services, provided they have no other source of payment, i.e., health insurance, Hospital Commitment, etc.

17.2 The decision to grant full or partial charity to all other persons who apply for charity (not covered under 17.1), will be based on the following criteria, using the most current CSA Poverty Income Guidelines available:

CATEGORY NUMBER	% of CSA P.G.	SCHEDULED MONTHLY PAYMENTS	SIZE OF FAMILY AND ANNUAL INCOMES *					
			1	2	3	4	5	6
1	125% and under	$ -0-	$4250 or BELOW	$5625 or BELOW	$7000 or BELOW	$8375 or BELOW	$9750 or BELOW	$11,125 or BELOW
2	126% thru 130%	$ 10	$4251 to $4420	$5626 to $5850	$7001 to $7280	$8376 to $8710	$9751 to $10,140	$11,126 to $11,570
3	131% thru 140%	$ 20	$4421 to $4760	$5851 to $6300	$7281 to $7840	$8711 to $9380	$10,141 to $10,920	$11,571 to $12,460
4	141% thru 150%	$ 30	$4761 to $5100	$6301 to $6750	$7841 to $8400	$9381 to $10,050	$10,921 to $11,700	$12,461 to $13,350
5	151% thru 160%	$ 40	$5101 to $5440	$6751 to $7200	$8401 to $8960	$10,051 to $10,720	$11,701 to $12,480	$13,351 to $14,240
6	161% thru 170%	$ 50	$5441 to $5780	$7201 to $7650	$8961 to $9520	$10,721 to $11,390	$12,481 to $13,260	$14,241 to $15,130

* Income as defined in published Community Services Administration Poverty Income Guidelines.

BLOOMINGTON HOSPITAL
CREDIT POLICIES

Title: Medical Indigency Policy No.: C-17

Effective Date: 1/28/80 Approved by Board of Directors Page 2 of 3

17.2 a. Individuals or families with no scheduled monthly payment will be granted full charity on the balance.

b. Individuals or families with scheduled monthly payments will be granted charity on the balance which remains after multiplying the scheduled monthly payment times twenty-four (24) months and subtracting this figure from the balance due.

EXAMPLE: Balance due - $2,000. Scheduled monthly payment - $10.00 X 24 months = $240.00. $2,000 - $240 = $1,760. Charity granted on $1,760.

A monthly finance charge, at the current rate established by the Hospital, will be added to the unpaid balance of the account to be paid in installments.

c. The annual income figure used to determine eligibility for charity will be the last three (3) months income multiplied by four (4). An exception to this may be made, if, in the opinion of the Patient Accounts Manager, the three (3) month income is not reflective of the patient's true ability or inability to meet their obligation. In this event, the decision to grant or deny charity will be made by the Credit Committee.

d. Current charges and those charges incurred by the patient within the three (3) month period prior to the date of the written application for charity will constitute the balance due as referred to in 17.2 a. and 17.2 b., and 17.2 e.

e. If the balance due is less than the scheduled monthly payment multiplied by twenty-four (24) months, full payment is due as stated in the Agreement to Pay Charges form.

17.3 An individual whose annual income exceeds 170% of the CSA Poverty Income Guidelines will be excluded from consideration for charity unless, in the opinion of the Patien Accounts Manager, unusual circumstances e ist. In this event the decision to grant or deny charity w l be made by the Cr it Committee.

17.4 Accounts of $150.00 or less will not be considered for charity services unless the person is eligible under 17.1 or 17.2 d.

17.5 Individuals who wish to apply for charity care must complete and submit a Financial Need Statement within three (3) months from the date of discharge or the date the account becomes private pay, whichever occurs later.

17.6 The following situations will exclude an individual from eligibility for charity services:

a. An individual's failure to apply for outside assistance, i.e., Hospital Commitment, Crippled Children's, etc. when advised to do so by the Financial Counselor.

b. A non-resident alien present in this country under a visa which required a statement that they are fully capable of self support, which includes medical services.

c. An individual's failure to secure health insurance made available to them at group premium rates by their employer, union, or school.

17.7 The Credit Committee will be responsible for reviewing those cases referred to in 17.2 c. and 17.3. In addition, any individual denied charity care in part or in total will be notified that he/she has the option of appealing their case to the Credit Committee and, if they so desire, appearing before the Committee.

17.8 If, after appealing the decision to the Credit Committee, the individual is still not satisfied with the decision, he/she may appeal the decision to a Committee appointed by the Hospital Board President.

NEW CSA GUIDELINES
EFFECTIVE 4/21/80

ATEGORY NUMBER	% of CSA P.G.	SCHEDULED MONTHLY PAYMENTS	SIZE OF FAMILY AND ANNUAL INCOMES *					
			1	2	3	4	5	6
1	125% and under	$ -0-	$4737.50 or BELOW	$6262.50 or BELOW	$7787.50 or BELOW	$9312.50 or BELOW	$10,837.50 or BELOW	$12,362.5 or BELOW
2	126% thru 130%	$ 10	$4737.51 to $4927.00	$6262.51 to $6513.00	$7787.51 to $8099.00	$9312.51 to $9685.00	$10,837.51 to $11,271.00	$12,362.5 to $12,857.0
3	131% thru 140%	$ 20	$4927.01 to $5306.00	$6513.01 to $7014.00	$8099.01 to $8722.00	$9685.01 to $10,430.00	$11,271.01 to $12,138.00	$12,857.0 to $13,846.0
4	141% thru 150%	$ 30	$5306.01 to $5685.00	$7014.01 to $7515.00	$8722.01 to $9345.00	$10,430.01 to $11,175.00	$12,138.01 to $13,005.00	$13,846.0 to $14,835.0
5	151% thru 160%	$ 40	$5685.01 to $6064.00	$7515.01 to $8016.00	$9345.01 to $9968.00	$11,175.01 to $11,920.00	$13,005.01 to $13,872.00	$14,835.0 to $15,824.0
6	161% thru 170%	$ 50	$6064.01 to $6443.00	$8016.01 to $8517.00	$9968.01 to $10,591.00	$11,920.01 to $12,665.00	$13,872.01 to $14,739.00	$15,824.0 to $16,813.0

* Income as defined in published Community Services Administration Poverty Income Guidelines.