

	Version #: 7
Title: Community Care and Financial Assistance Policy	

Document Owner: DIRECTOR - REVENUE CYCLE	Date Created: 11/01/2004
Department(s): Business Services	Revision Date: 04/01/2021
Category(ies): Non Clinical Policies	Date of Approval: 04/29/2021
Approval(s): Vice President - Finance & Operations/CFO	Reviewed Date: 04/29/2021

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

Sauk Prairie Healthcare is committed to providing extraordinary healthcare from the heart – one person at a time. As part of this commitment, Sauk Prairie Healthcare recognizes the financial needs of patients and families within the communities we serve. Sauk Prairie Healthcare is committed to providing Community Care to qualified individuals that have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. SPH will provide care for emergency medical conditions, without discrimination, to individuals regardless of their ability to pay or their eligibility for financial assistance.

SCOPE:

1. Eligibility criteria for Financial Assistance
2. The methodology used to calculate amounts charged to patients that are eligible for Financial Assistance according to this policy,
3. The method by which patients can apply for Financial Assistance,
4. The efforts taken to widely publicize the policy within the hospital and the communities it serves,
5. Amount generally billed (AGB) and the method for which it is applied to emergency and other medically necessary services.

DEFINITIONS:

SPH – Sauk Prairie Healthcare

POLICY:

To manage its resources and responsibilities and to provide assistance to the greatest number of patients in need, the Board of Directors has established these guidelines for providing Financial Assistance. This policy will be reviewed by the Finance Committee of the Board of Directors on an annual basis, along with a written report on the amount of Community Care delivered in the past year.

1. ELIGIBLE SERVICES UNDER THIS POLICY:

- a. With regard to this policy, “Community Care” or “Financial Assistance” refers to medically necessary healthcare services provided by SPH without charge or at a discounted rate. The following services are eligible:
 - i. Emergency medical services provided in an emergency room setting.
 - ii. Services for a medical condition that would lead to a serious adverse change in the health of an individual.
 - iii. Non-elective services provided in response to life-threatening circumstances.

Title: Community Care and Financial Assistance Policy

- iv. Medically necessary services are evaluated on an individual basis and covered at SPH's discretion.

2. ELIGIBILITY FOR CHARITY CARE & FINANCIAL ASSISTANCE:

Eligibility will be considered for individuals who are uninsured, underinsured, ineligible for governmental health plans, and who are unable to pay for their care, based upon the determination of financial need outlined within this policy. Community Care determination will be based upon an individual's financial need and will not take into account gender, race, social status, sexual orientation, or religious affiliation. Individuals must reside or have a primary care physician in SPH's service area.

Patients are expected to cooperate with Sauk Prairie Healthcare's procedure in determining Community Care and Financial Assistance eligibility. Individuals that may qualify for governmental coverage will be encouraged to do so as well as those that have the financial means to purchase health insurance.

3. PROCESS BY WHICH PATIENTS APPLY FOR FINANCIAL ASSISTANCE:

- a. Financial need will be determined using procedures that assess an individual's financial need. These may include the following:
 - i. A completed application to include personal, financial, and other information needed to assist in determining financial need. Applications and financial documentation should be returned to the Patient Financial Specialists located at 260 26th St Prairie du Sac, WI 53578 or by fax at 608-643-7601.
 - ii. The use of external publically available data to determine a guarantor's ability to pay (ex. credit score).
 - iii. Reasonable efforts by SPH to seek alternative sources of coverage (public or private) and payment.
 - iv. Review of the patient's assets and all other financial resources available to them.
 - v. A review of all outstanding accounts for the individual, as well as previous payment history.
- b. It is preferred that an application for Community Care be completed prior to receiving medically necessary or emergent services. However, SPH will accept application at any point within the collection process. Patients will need to reapply for financial assistance for services beyond one year from the effective date of their original approval letter.
- c. Requests for Community Care will be processed promptly. Patients applying will be notified within 15 business days.

4. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY:

- a. Patients who are unable to complete an application form may be eligible for Community Care if other evidence is available which may indicate financial hardship. This information may be obtained from a patient interview, credit report, or other available records. Consideration will be given on an individual basis.
- b. Other provisions under presumptive eligibility:
 - i. Patient is deceased with no estate. or other responsible party. *
 - ii. Discharge of Debtor by bankruptcy. *

Title: Community Care and Financial Assistance Policy

- iii. If it has been determined that a patient has been approved for Medical Assistance, all open accounts will be written off to Community Care after payment is received from the insurance. *
- iv. Determination by a collection agency of an inability to pay based on credit or medical recover score will be Community Care. *
- v. Qualified individuals under another organization's similar Community Care application process.

* No Community Care application needs to be completed in these instances.

- c. Presumptive eligibility approvals apply to outstanding balances only and not to any future accounts

5. ELIGIBILITY CRITERIA & AMOUNTS GENERALLY BILLED TO PATIENTS:

- a. Community Care allowances up to 100% may be provided to applicants. Eligibility is determined based on the household's Adjusted Gross Income (AGI) as a percentage of the Federal Poverty Levels where AGI represents that amount as reported on the U.S. Federal Tax Return for the most recently completed calendar year.

Uninsured		Underinsured	
FPL Income	Discount	FPL Income	Discount
0-100%	100%	0-100%	100%
101-200%	75% or AGB discount, whichever is greater	101-400%	Sliding scale discount applied
201-300%	50% or AGB discount, whichever is greater		
301-400%	AGB discount		

- b. The allowance amount is based on poverty guidelines established by the Department of Health and Human Services and Asset limitations of \$60,000 as set forth by Sauk Prairie Healthcare.
- c. Write-offs in excess of \$20,000 require approval of the CFO.
- d. Patients whose adjusted gross income does not make them eligible for allowances at 100%, will receive services at amounts no greater than the Amounts Generally Billed (AGB).
- e. Supplies and implants will be discounted to no lower than Sauk Prairie Healthcare's cost to purchase.
- f. To calculate the AGB, Sauk Prairie Healthcare takes the total Medicare, Medicaid, Commercial, and Managed Care payments for the prior fiscal year and divides it by charges for those same payors. This percentage is then applied to uninsured balances that are eligible under this program. In following this procedure, the gross charges would be reduced by 59.6%, effective 120 days following year end 2020.
- g. SPH will recalculate the AGB on an annual basis, based upon data from the prior calendar year. The AGB calculated will be effective April 30th each year and applied to determinations made on or after that date regardless of the date of service or original date of application.

Title: Community Care and Financial Assistance Policy

6. EFFORTS TO WIDELY PUBLICIZE THE COMMUNITY CARE POLICY:

- a. Community Care notifications will be made available at all points of admission at the hospital campus as well as our affiliated clinics. Copies will be made available in the language of any population consisting of 10% or more in the community.
- b. Notices of the Community Care and Financial Assistance Policy will be made on all billing statements.
- c. Notifications will be present within the Emergency and Urgent Care Department.
- d. Patients will be able to obtain a free copy of the policy, and application for community care at all points of admission, as well as the business office.
- e. The policy will be publicized on Sauk Prairie Healthcare's website, along with a link to the application and locations of our Patient Financial Specialists who are trained to assist applicants.

7. REFERENCE TO COLLECTION POLICIES:

Sauk Prairie Healthcare's Billing and Collection policy outlines the actions that may be taken by the hospital in the event of non-payment, including outsourcing to a collection agency and reporting to credit agencies. Patients who qualify for Community Care and are acting in good faith to resolve their hospital bills may be offered an extended payment plan and additional collection efforts will cease. Sauk Prairie Healthcare will not engage in extraordinary collection actions, such as wage garnishments, liens on property, or other legal action without first making reasonable efforts to determine whether a patient is eligible for Financial Assistance under this policy. Reasonable efforts include the following:

- a. Validation of the balance owed and that all sources of payment have been identified and billed by SPH.
- b. Documentation that SPH has attempted to offer the patient an opportunity to apply for Community Care.
- c. Documentation that the patient does not qualify for Financial Assistance.
- d. Documentation that the patient has been offered a payment plan but has not honored the terms of the agreement.

RELATED DOCUMENTS(S) AND LINK(S):

1. SPH Service Area under Community Care Policy
2. Billing and Collection Policy

ATTACHMENT(S):

1. CC Service Area.docx
2. Covered and Non-Covered Providers

REFERENCES:

1. SPH Service Area under Community Care policy
2. Billing and Collection Policy

**Sauk Prairie Healthcare Service Area
Covered Zip Code listing**

53503	Arena
52515	Black Earth
53937	Hillpoint
53942	Lime Ridge
53555	Lodi
53943	Loganville
53556	Lone Rock
53560	Mazomanie
53561	Merrimac
53951	North Freedom
53577	Plain
53578	Prairie Du Sac
53961	Rock Springs
53583	Sauk City
53588	Spring Green

Financial Assistance
Provider Coverage under Policy

Covered Providers

Medically necessary or emergency services provided at any location below are considered covered under this policy:

- Better Health Center
- Lodi Clinic
- Orthopedic Associates
- Plain Clinic
- River Valley Clinic
- Sauk Prairie Hospital
- Wellspring Rehabilitation
- Wisconsin Heights

Non Covered Providers or Entities

The following healthcare providers performing services at Sauk Prairie Healthcare **are not covered** under this policy:

- Advanced Pain Management
- Associated Podiatrists
- Dean Health System – Sauk Prairie Specialty Clinic
- Prairie Clinic
- Women's Health Services
- Madison Radiologists
- Pathology provided and billed by SSM Affiliated Group
- Professional Services billed by Dr. Diana Kruse, Orthopedic Surgeon
- SSM Health at Home Equipment
- Professional Services billed by Surgical Associates
- UW Health Specialist Clinic – Sauk Prairie