



RUGBY, NORTH DAKOTA COMMUNITY (CHARITY) CARE POLICY

Community Care Policy

Heart of America Medical Center's (HAMC's) mission is to deliver compassionate care by advancing the physical and spiritual wellbeing of the communities we serve through smart medicine and exceptional service. As part of that commitment, Heart of America Medical Center appropriately serves patients in difficult financial circumstances and offers financial assistance to those who have an established need to receive medically necessary medical services.

Community Care is defined as healthcare services provided at no charge or at a reduced charge to patients who do not have or cannot obtain adequate financial resources or other means to pay for their care. This is in contrast to bad debt, which is defined as patient and/or guarantor who, having the financial resources to pay for health care services, has demonstrated by their actions an unwillingness to resolve a bill. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account race, creed, gender, national origin, disability, age, social immigrant status, or sexual orientation.

Purpose

To establish policies and procedures necessary to insure that patients of Heart of America Medical Center, who for economic and financial reasons cannot meet the requirements of the collection policy, are provided with the Heart of America Medical Center's Community Care Policy.

For the purpose of this policy, terms below are defined as follows:

Community Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Community Care results from the organization's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and miscellaneous sources;
- Noncash benefits (such as heating assistance and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gain or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Procedure

For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by HAMC without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity.

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at HAMC's discretion.

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social immigrant status, sexual orientation or creed. Heart of America Medical Center shall determine whether or not patients are eligible to receive charity for deductibles, co-insurance, or co-payment responsibilities.

The basis for calculating amounts charged to patients, Heart of America Medical Center has chosen to use the Prospective Medicare Method;

- Based on the billing and coding process the hospital facility would use if the Financial Assistance Policy (FAP)-eligible individual were a Medicare fee-for-service beneficiary.
- Amount generally billed (AGB) is then set at the amount the hospital facility determines would be the total payment for the care from;
 - Medicare reimbursement.
 - Medicare beneficiary payment.

HAMC will provide an itemized statement to the patient showing the charges and the discount amount applied to the patients account. The discount will be applied once the patient has submitted a complete application for financial assistance.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and will

- Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Information collected from the application will include.
 - Name, address, date of birth and social security number of applicant and spouse
 - Marital status
 - Over 65, blind or Permanently Disabled, and date of disability determination
 - Employer information, including position and years employed; if less than 3 years name of former employer
 - Health Insurance Provider, including group number and insured subscriber number. Medicare number and Medicaid number, if applicable.
 - Monthly Household Income including:
 - Employment (Gross/Net Pay)
 - Part-Time Jobs (Gross/Net Pay)
 - Social Security/Disability
 - Veteran Pension
 - Retirement (all sources)
 - Unemployment Compensation
 - Workers Compensation
 - Union Benefits
 - Inheritance
 - ADC/WIC/Food Stamps
 - Alimony/Child Support
 - Savings Interest Income
 - Investment Income

- Banking Accounts (List All)
 - Last 3 months checking statements, clearly showing account number, bank name, and balance
 - Last 3 month savings statements, clearly showing account number, bank name, and balance
 - Last 3 months investment statements, clearly showing account number, bank name, and balance
- Take into account if insurance was offered from employer.
- Take into account if employer denied health insurance coverage.
- Take into account eligibility for COBRA benefits
- Take into account if application for Medicaid or other government assistance program.
- Include reasonable efforts by HAMC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
- Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
- The patient is required to submit documentation of their financial status. The patient must submit a completed Financial Assistance Application.
 - As a minimum requirement the patient must furnish a copy of last year's tax return, last three month's income or a bank statement for proof of income, checking and savings account balances and investment account balances.
- Accounts eligible for Community Care are to be addressed within 240 days of the first bill.

It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known. Heart of America Medical Center's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and Heart of America Medical Center shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

There are instances when a patient may appear eligible for Community Care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with Community care assistance. In the event there is no evidence to support a patient's eligibility for Community Care, Heart of America Medical Center could use outside agencies in determining estimate income amounts for the basis of determining Community Care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance program that are unfunded (e.g., Medicaid spend-down);

7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts Heart of America Medical Center will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Patient whose family income is over 200% and below 300% of the FPL would be eligible for a sliding scale discount.

Notification about Community Care available from Heart of America Medical Center which shall include a contact number shall be disseminated by Heart of America Medical Center by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, hospital business offices. Heart of America Medical Center also shall publish and widely publicize a summary of this Community Care policy on facility website, in brochures available in patient access sites. Such notices and summary information shall be provided in the primary language spoken and any other language spoken by 10% of the community population serviced by Heart of America Medical Center.

Heart of America Medical Center's management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of nonpayment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Heart of America Medical Center, and a patient's good faith effort to comply with his or her payment agreements with Heart of America Medical Center. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Heart of America Medical Center may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Heart of America Medical Center will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for Community Care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;
2. Documentation that Heart of America Medical Center has or has attempted to offer the patient the opportunity to apply for Community Care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

In implementing this Policy, Heart of America Medical Center's management shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy.