

Reedsburg Area Medical Center

COMMUNITY CARE AND FINANCIAL ASSISTANCE POLICY

Organization Focused

PURPOSE:

To assist those individuals who are unable or have limited ability to pay for emergency or medically necessary care provided by the hospital.

SUPPORTIVE DATA:

- **Refer to Organization Focused Manual:**
 - Authorization for Disclosure of Billing Information—(LD)
 - Billing & Collection Policy —(LD)
 - Eligibility Notification for Community Care—(LD)
 - Patient Financial and Billing Guidelines Policy
 - Financial Assistance Policy (Community Care) Plain Language Summary

POLICY STATEMENT:

To provide care to all persons regardless of their ability to pay for services.

CONTENT:

This program is for the benefit of our community. 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 RAMC’s service area. RAMC’s service area includes the communities and surrounding areas of Reedsburg, Cazenovia, Hillpoint, LaValle, Loganville, Lyndon Station, Rock Springs, Wisconsin Dells, Wonewoc, Lake Delton, Lime Ridge and North Freedom. Exceptions to these areas will be made when the patient has a family physician at RAMC.

- An applicant’s ability to pay for some or all of the hospital’s charges will be determined on a case-by-case basis.
- RAMC will provide care for emergency medical conditions, without discrimination, to individuals regardless of their ability to pay or their eligibility for financial assistance.
- All RAMC Physicians Group Providers, Specialty Group Providers, Emergency/ Urgent Care Department Providers and Hospitalists are included in this policy.

Process By Which Patients Apply for Financial Assistance

1. The patient, patient’s representative or hospital representative may initiate an application. Patients may call Patient Accounts staff for assistance with the application process.
2. In order to be considered for Community Care, all other sources of payment must be exhausted (i.e. third party liability, insurance or Medical Assistance). Any account pending liability determination by a third party payor will be excluded from consideration until such determination is made. If an applicant appears likely to qualify for Medical Assistance but refuses to apply, RAMC may deny their application for Community Care.
3. Financial need will be determined using procedures that assess an individual’s financial need. These may include the following:
 - a. A completed application to include personal, financial and other information needed to assist in determining financial need. The application is to be completed in its entirety. This includes the use of external publically available data to determine a guarantor’s ability to pay (ex. Credit score)
 - b. Reasonable efforts by RAMC to seek alternative sources of coverage (public or private) and payment.
 - c. Review of the patient’s assets and all other financial resources available to them
 - d. A review of all outstanding accounts for the individual, as well as previous payment history.
 - As a general rule, to be eligible under Community Care, the applicant’s income should not exceed 400% of the federal poverty level in existence at the time of application. Poverty guidelines used will be those published annually in the Federal Register.

e. The following table is a guide to amount of community care provided.

Community Care Thresholds		
% of Poverty		Community Care %
	150% 100%	
	150-200% 75%	
	200-300% 50%	
	300-400% 25%	

f. As verification of income, a copy of the applicant’s most recent federal income tax return, W-2 form(s) and current paycheck stub(s) may be

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DISTRIBUTION: Organization Focused Manual—Leadership (LD)
mtc\ Community Care and Financial Assistance Policy