

COMMUNITY CARE AND FINANCIAL ASSISTANCE POLICY

Effective 8/1/2021

- 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 at the time of service 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, or requires emergency room services.
- 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, Walk-In Clinic Providers, Emergency 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 Hospital Financial Counselors 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, government programs 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
 - 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.
- d. A review of patient's payment history.
- 4. As verification of income, a copy of the applicant's most recent federal income tax return or W-2 form(s) and last 3 current paycheck stub(s) are required by the hospital. Hospital personnel may require other verification of income or assets as deemed necessary.
- 5. Some individuals who may otherwise qualify for community care may be referred to the Sauk County/RAMC voucher program for free services such as physician office visits, laboratory tests, radiology exams and discounted medications. Contact Sauk County Public Health or RAMC Physician's Group for more information.
- 6. Prior to initiation of any Extraordinary Collection Actions (ECAs), an attempt will be made to contact the responsible party(ies) by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements, if the account remains unpaid. During all conversations, the patient or responsible party(ies) will be informed about the financial assistance that may be available under the FAP.
- 7. 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.

Community Care Allowance Determination

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

Community Care Thresholds	
% of Poverty	Community Care %
< 150%	100%
151-275%	75%
276-400%	51%

- 1. Community Care is not applied to elective procedures such as Bariatrics, Vasectomies, and Cosmetic procedures, etc.
- 2. Approved Community Care assistance will cover service dates for 6 months after the initial approval date without requiring a re-application.
- 3. Upon application approval, outstanding patient balances for services provided up to one year prior to the approval date will be eligible for Community Care discounts
- 4. Discounts will be applied to gross charges and/or patient responsibility after insurance.
- 5. Requests for Community Care will be processed promptly. Patients applying will be notified within 15 business days of approval, denial or need for additional information.

Amounts Generally Billed to Patients

- 1. Patients whose family income qualify for discounts under this program, will receive services at amounts no greater than Amounts Generally Billed (AGB), for emergency or other medically necessary care, in accordance with the IRS 501© regulations.
- 2. To calculate the AGB, RAMC takes the total Medicare, Medicaid, Commercial, and Managed Care payments for the prior fiscal year and divides it by charges

for those same payers (look back method). RAMC will recalculate the AGB on an annual basis, based upon data from the prior 12 months. The AGB calculated will be effective October 1st each year and applied to determinations made on or after that date regardless of the date of service or original date of application.

Presumptive Financial Assistance Eligibility

1. 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. RAMC uses prior FAP-eligibility determinations to presumptively determine that a patient is FAP-eligible.
2. Other provisions under Presumptive Eligibility:
 - a. Deceased No Assets – based on the conclusion that the decedent has no assets and therefore no ability to pay. No Community Care application needs to be filled out.
 - b. Homeless patients with no ability to pay;
 - c. If it has been determined that a patient has been approved for Medical Assistance, all accounts currently in AR with RAMC will be written off to Community Care after payment is received from the insurance – No Community Care application needs to be completed in this instance.
3. Community Care also applies to all charges incurred by RAMC employed physicians at RAMC Physician's Group and RAMC Specialty Center.
4. Accounts placed with an external collection agency will be eligible under this policy when an application for Community Care is received within 240 days of the first post discharge bill.
5. Any account returned by the collection agency that has been determined to be uncollectable will be considered Community Care.

Efforts to Widely Publicize the Community Care Policy

1. Community Care notifications are appropriately posted in public areas of the hospital and clinics. Copies will be made available in the language of any population consisting of the lesser of 5% or 1,000 people in the community.
2. Notices of the Community Care and Financial Assistance Policy will be made available on every billing statement.
3. Notifications/Plain Language Summary will be present within the Emergency Room and Walk-in Clinic.
4. Patients will be able to obtain a free copy of the policy/Plain Language Summary and application for Community Care at all points of admission as well as the Business Office.
5. The Community Care and Financial Assistance Policy and application Plain Language Summary, Billing and Collection Policy and Community Care Application, and list of providers covered and not covered under FAP will be publicized on the RAMC website at www.ramchealth.com/financialassistance, along with a link to the locations of the Patient Financial Counselors who are trained to assist with applications.
6. Questions regarding this policy or with the Community Care application process can be directed to Financial Counselors, Reedsburg Area Medical Center, 2000 N Dewey Avenue, Reedsburg, WI 53959 or call 608-524-6487.
 - a. Revenue Cycle Director/Chief Financial Officer have the final authority for determining that RAMC has the processes in place to make reasonable efforts to determine whether an individual is FAP-eligible and therefore the facility may

engage in extraordinary collection actions.

- b. If a patient has multiple episodes of care, the 120 day period begins after RAMC provides the first post-discharge billing statement for the most recent episode of care.

Approved by Corporate Compliance Council: 9/16

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DISTRIBUTION: Organization Focused Manual—Leadership (LD)

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