

GRANT REGIONAL HEALTH CENTER, INC.

SUBJECT: COMMUNITY RESPONSIBILITY POLICY

RESPONSIBILITY OF: BUSINESS OFFICE

EFFECTIVE DATE: 5/1/2005 REVISED DATE: 7-28-17
POLICY:

Grant Regional Health Center (GRHC) being a Not-for-Profit Hospital approved under 501 (c) 3 of the Internal Revenue Code, will admit, treat and serve all persons without regard to race, creed, color, sex, national origin, sexual orientation, handicap, age or ability to pay. GRHC shall use consistent and fair collection practices for all patients. The Community Responsibility program offers financial assistance to patients for emergent and medically necessary services provided by GRHC and Grant Regional Community Clinic. Please refer to appendix A for a list of covered providers. *Emergent* is defined as conditions that arise suddenly and warrant prompt medical assistance creating life threatening circumstances if untreated. *Medically necessary* is defined as a covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice. This policy does not cover elective procedures, infertility, therapeutic, massage, cosmetic and services considered experimental. All discounts allowed under this program will be applied toward gross charges. This policy will be posted in Registration, Emergency and Outpatient areas of the hospital. This policy will be made available via our website in English and Spanish along with a plain language summary version. Paper copies will be supplied upon request from the Business Office. The actions that Grant Regional Health Center may take in the event of nonpayment are described in the separate General Credit and Collection Agency Policy, which is available for free via our website at grantregional.com.

PROCEDURE: The only accounts that will be charged to Community Responsibility are those who have applied via application or those meeting the criteria listed under the Indigent Care Criteria. The indigent care criteria section presumes patients qualifying for the programs listed are eligible for our Community Responsibility program without application, presumptive eligibility, due to the income and asset requirements of the listed programs are consistent with GRHC's criteria for Community Responsibility.

1.) Community Responsibility Criteria:

- a. Lack of medical insurance coverage or adequate coverage.
- b. Community Responsibility applications will be accepted up to 240 days from the date of the first billing statement sent to the patient.
- c. Accounts referred to a collection agency within the 240 day application period will be brought back from the agency and allowed to apply for Community Responsibility. Accounts greater than 240 days will no longer be eligible for Community Responsibility and will remain in Bad Debt status.
- d. Personal and or family income from all sources less than 300% of applicable poverty guideline. Family Income is defined as all financial resources available by members residing at the address noted in the financial application that are legally responsible for the medical debt in question. Income includes and is not limited to the fair market value of barter and in-kind transactions when used in commerce transactions.

<u>Discount</u>	<u>Current Year's Federal Poverty Income Guidelines (FPIG) for Family Size</u>
100%	Family income is less than or equal to 200% of FPIG.
85%	Family income is less than or equal to 225% of FPIG.
70%	Family income is less than or equal to 250% of FPIG.
55%	Family income is less than or equal to 275% of FPIG.
40%	Family income is less than or equal to 300% of FPIG.
0%	Family income is greater than 300% of FPIG.

- e. Where an applicant is a member of a religious community and income is pooled to support such a community. The net assets of the community will be used to assess the ability to pay for medical services rendered by Grant Regional Health Center.
- f. Lack of adequate financial resources of applicant, family, and or community when applicant is responsible for the economic support of such community.
- g. Applicant may be required to apply for, and provide proof of denial from various types of government aid (i.e. fuel assistance, food stamps, AFDC, Medical Assistance, etc.) In order to obtain Community Responsibility.

Once application is complete, applicant will be notified via mail of the approval/denial for Community Responsibility. All applicants will be notified of determination within two weeks of completing application.

- h. All discounts will be applied to gross charges from Grant Regional Health Center or Grant Regional Community Clinic.
- i. The above covers services provided and billed by Grant Regional Health Center and Grant Regional Community Clinic. The above approved discounts do not apply to billings by other providers such as radiologists, independent physician groups, cytology/reference laboratory services.
- j. Following the determination of Community Responsibility eligibility, an individual will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care. To determine AGB, Grant Regional Health Center uses the look back method. We have summarized all payers for the calculation of the AGB percentage. The look back period covered is our fiscal year that runs from January 1st thru December 31st. The AGB percentage will take effect each February 1st of the following year. The AGB percentage for fiscal 2017 is 60%.

- i.) **APPLICATION PROCESS:** Determination of an applicant's ability to pay shall be based on the applicant's household income and available resources. Applications for hospital services will be screened in a combined effort, during an appointment with the Business Office and will cover the calendar year. A new application is required for each new calendar year and/or when income and assets have changed. The following criteria will be applied consistently and equitably during the application process.
 - a. A review of net assets including: cash, savings, stocks and other liquid assets such as: number of vehicles, real estate; i.e. home, land, personal property used in the production of income and other personal property of reasonable value net of any debts or liens associated with these assets.
 - b. No Community Responsibility will be considered after applicant's income exceeds 300% of the Federal Poverty Level Guidelines, or if the applicant has assets that can be applied toward payment, then the applicant is ineligible for Community Responsibility. However, in these certain situations, the applicant's other outstanding obligations will be taken into consideration.
 - c. The Community Responsibility Program shall be applied consistently and equitably and no patient applicant will be denied Community Responsibility based on race, creed, color, sex, national origin, sexual orientation, handicap, age or source of income.
 - d. Documents relating patient financial information will correlate with the year applying for (i.e., if applicant is applying for a date of service in 2011, financial information should pertain to the year 2011.) If applicant is married, both incomes will be reviewed.
 - e. Community Responsibility assistance will not be denied based on the omission of information or documentation if such information or documentation is not specifically required by the financial assistance policy or application process.
- 2.) **Indigent Care Criteria:** The Business office staff validates thru web access if patient is or was qualified for Medicaid in the calendar year for which services were provided; notes are reviewed in the patient chart and if it is noted a patient is homeless, this is verified thru the Grant County Sherriff Department; a third party vendor is utilized to validate a deceased patient estate status; when noted in the patient record that patient is incarcerated the proper authorities are contacted to validate this status; Housing assistance is noted in the patient record and staff validates with the local agency.
 - a. County and state relief programs - Some Wisconsin counties offer a financial assistance program designed to provide emergency short term assistance to persons lacking the resources to meet their basic needs for food, fuel, utilities, clothing, medical, dental, hospital care and burial. I.e. Wisconsin Medicaid, Badger Care, Badger Care Plus, Grant County Fuel Assistance Program, Temporary Assistance to Needy Families (TANF).
 - b. Homeless Persons-A homeless person is an individual who has no home or place of residence and depends on charity or public assistance. Such individuals will be eligible for Indigent Care, even if they are unable to provide all of the documentation require for the Indigent Care application.

- c. Deceased Patients- The charges incurred by a patient who expires may still be considered eligible for Indigent Care where there are no assets and no estate.
- d. Housing Assistance – The Housing Choice Voucher program is a type of Federal Assistance provided by the United States Department of Housing and Urban Development (HUD) dedicated to sponsoring subsidized housing for low income families and individuals. It is more commonly known as Section 8. This includes project based income property
- e. Inmates- Patients who are incarcerated may be considered eligible in the event the State or County has made a determination that the State or County is not responsible for charges and the inmate/patient is responsible for the bill. Charges incurred while in custody are usually paid through the Law Enforcement Agency and would not qualify for Indigent Care.
- f. Other programs may be added at the discretion of the Grant Regional Health Center.

Documentation supporting the patient’s qualification for or participation in a program must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print screen of web page listing the patient’s eligibility.

Indigent Care, presumptive eligibility, will remain in effect until income and asset changes occur or at the beginning of each new fiscal year on January 1·20xx.

Information on Grant Regional Health Center’s Community Responsibility program and application forms is obtainable via the website at www.grantregional.com or by contacting the business office at 608 723-3204 for a paper copy. This policy can be accessed via our website in English and Spanish along with a plain language summary version.

AUTHORIZED BY: /s/Terri Abing _____
Board of Director, Chair

Date reviewed/revised:

<u>12/3/15 dmb</u>	<u>11/15/2016dmb</u>	_____	_____	_____	_____
Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials
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Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials

Distributed to: Business Office

Policy # 925.15

APPENDIX A

Covered Financial Assistance Providers:

HOSPITAL OUTPATIENT

Dr. Krynn Buckley

EMERGENCY DEPARTMENT

Dr. Robert Smith

Dr. Michael Zeman

Dr. William Clark

Dr. Erin Huebschman

Dr. Sheirlie Lamantia

Dr. Jessica Varnum

Dr. Eric Stader

Dr. Eric Slane

Jolene Ziebart, APNP

Elizabeth Hinkley, APNP

Gerald Fushianes, PA-C

Kayte McQuillan, APNP

ANESTHESIA

David Bainbridge, CRNA

Michelle Bainbridge, CRNA

Scott Bainbridge, CRNA

GRANT REGIONAL COMMUNITY CLINIC

Dr. Erin Huebschmann

Dr. Sheirlie Lamantia

Dr. Adam Schope

Dr. Carl Sunby

Dr. Brad Binsfeld

Dr. Tom Schreiber

Abby Allen, PA-C

Janet Laban, APNP

Kelly Muench, PA-C

Laurie Meighan, APNP

Non Covered Financial Assistance Providers:

OTHER PROVIDERS

Dr. Robert Stader, MD

Kate Reuter, APNP

Brian Quick, PA-C

Eric Stader, MD

Eric Slane, MD

Jessica Varnum, MD

Dr. William Chubb, MD

Dr. Timothy King, MD

Dr. James Yurcek, MD

Dr. Kenneth Valyo, MD

Dr. Michael Frucht, MD

Dr. Marian Walker, MD

Dr. John Jones, MD

Dr. Tom Johnson, MD

Dr. John Moore, MD

Dr. Jennifer Petersen, MD

NOTE: In the event locum tenens are utilized in any setting under GRHC employment they will be considered

covered providers under this Community Responsibility Policy.