

	Version #: 10
<b>Title: Community Care and Financial Assistance</b>	

<b>Document Owner: DIRECTOR - REVENUE CYCLE</b>	<b>Date Created:</b> 11/01/2004
<b>Department(s): Business Services</b>	<b>Revision Date:</b> 04/10/2024
<b>Category(ies): Non Clinical Policies</b>	<b>Date of Approval:</b> 07/23/2024
<b>Approval(s): Vice President - Finance &amp; Operations/CFO</b>	<b>Reviewed Date:</b> 07/23/2024

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

**2. ELIGIBILITY FOR CHARITY CARE & FINANCIAL ASSISTANCE:**

**Title: Community Care and 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 assistance will be determined using procedures that assess an individual's financial need. This includes the following:
  - i. A completed Community Care and Financial Assistance application, which includes the following supporting information:
    1. The prior year's Federal Tax return with all applicable schedules.
    2. One month of current income (pay stubs, unemployment, social security letter, etc)
    3. One month of checking, savings, and retirement account statements
    4. Any other additional documentation to support current financial situation.
    5. If some or all of the information is not obtainable, individuals may write a letter or discuss with a Patient Financial Specialist.
  - ii. Applications and financial documentation should be returned to the Patient Financial Specialists located at 260 26<sup>th</sup> St Prairie du Sac, WI 53578 or by fax at 608-643-7601.
  - iii. The use of external publically available data to determine a guarantor's ability to pay (ex. credit score).
  - iv. Reasonable efforts by SPH to seek alternative sources of coverage (public or private) and payment.
  - v. Review of all of the patient's financial resources available to them.
  - vi. 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 30 business days.

**4. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY:**

Provisions under presumptive eligibility may determined in the following instances:

- i. Patient is deceased with no estate. \*
- ii. Discharge of Debtor by bankruptcy. \*
- 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 a credit or medical recovery score will be considered Community Care.

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

**Title: Community Care and Financial Assistance**

Presumptive eligibility approvals apply to outstanding balances only and not to any future accounts. Approvals for presumptive eligibility require director approval.

**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.

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

- b. To calculate the AGB, Sauk Prairie Healthcare takes the total Medicare fee-for-service and commercial 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 57.9%, effective 120 days following year end 2023.
- c. 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.
- 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. Financial Assistance adjustments in excess of \$20,000 requires approval of the Director, Revenue Cycle, and those in excess of \$50,000 of the CFO.

**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 bureaus. Patients who qualify for Community Care and are acting in good faith to resolve their hospital bills may be offered an extended payment plan. 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:

**Title: Community Care and Financial Assistance**

- 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
2. Covered and Non-Covered Providers

**REFERENCES:**

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

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 Clinic

### **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

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

53503	Arena
52515	Black Earth
53937	Hillpoint
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