

 Policy & Procedure		Topic: Community Care			
		Department: Business Services	Number: 0001	Revision:	Page 1 of 1
Prepared by: J. Nelson		Date: 03/18/2010		Original Date: 11/03/1998	
Approved by: J. Nelson		Date: 11/03/1998		Revision Date: 02/20/2014	
Enter up to five Key Words	Community Care	Poverty Guidelines	Discount	Charity	

Principle:

To define the proper policy and procedure for determining and granting community care write-offs.

Concept:

As a not-for-profit charitable hospital, Fort HealthCare, Inc. (FHC) recognizes that certain responsible individuals will not have the ability to pay for services rendered to them or their immediately family. It is FHC’s policy to apply a Community Care write-off if it has been determined that all other avenues of payment have been exhausted and the patient has no other means of making payment on the account. Community Care write-offs are granted at the discretion of FHC upon consideration of the certain guidelines. Persons whose income is less than 200% of the FPL are encouraged to seek services thru Rock River Free Clinic.

General Community Care Guidelines:

1. Community Care write-offs are available to eligible persons residing in our primary service area requiring medically necessary treatment, but who are unable to pay for these services. Eligibility for Community Care shall be extended to those persons whose family income does not exceed current Community Services Administration poverty guidelines (see **Attachment #1-Community Care Discount Table**). Persons whose income is less than 200% of the guidelines will be considered for complete forgiveness of their outstanding bill. Persons whose income is greater than 200% of the guidelines, but not more than 400% of the guidelines, shall be eligible for Community Care on a reduced basis.
2. Community Care write-off shall be considered only after a careful review of the patient’s accounts and a determination has been made that no third-party reimbursement is available. A signed **Financial Questionnaire** (see **Attachment #2**) shall be completed by the Community Care candidate either by returning a questionnaire sent by a FHC Representative or completed on line at www.forthhealthcare.com.

Legal dependents shall be identified as such, based on whether or not they are claimed as dependents on the most recent income tax return. Gross income on the questionnaire shall include all household income and shall require supporting materials (i.e. most recent tax returns, 3 most recent pay stubs, W-2 forms, unemployment compensation forms, letters from employers, etc...). If a Community Care candidate indicates that no income has been earned, a copy of a letter from the Department of Workforce Development denying unemployment compensation may be requested. Also requested may be a copy of a letter verifying that Medicaid benefits have been denied. If the Community Care candidate has not yet applied for Medicaid or insurance thru the Marketplace, he or she will be required to do so before the application will be processed. If the Community Care candidate returns the questionnaire without sufficient proof of income, or if other information has not been provided, he or she shall be contacted by telephone or letter. Approval may be denied for failure to complete the questionnaire.

3. FHC recognizes the fact that there may be instances in which a Community Care candidate’s income exceeds the previously mentioned guidelines, but their expenses also exceed his or her income, thereby

rendering them incapable of accepting any additional financial burden. A Community Care write-off may be appropriate for these individuals.

4. Upon review of a completed Financial Questionnaire, a Business Services Representative will make a recommendation for Community Care. Recommendations below \$5000 will be approved by the Director of Revenue Cycle and approvals for \$5000 and above will be approved by the Senior Vice President – Finance & Strategic Development or President/Chief Executive Officer. Once Community Care is approved, the individual will receive written notice from FHC.
5. If partial Community Care is approved, the individual will be contacted by a Business Services Representative to establish an approved payment plan for the remaining balance. If an individual does not follow through on their payment plan, FHC reserves the right to withdraw the approved Community Care. Once community care has been awarded, the patient balance must be satisfied before any further awards are granted.
6. 100% Community Care will be granted to individuals with medically necessary services referred by the Rock River Free Clinic.
7. Presumptive Community Care may be granted in certain situations where there is no patient contact or it has been determined to be the best course of action. A credit check will be generated on presumptive care applicants. Presumptive care is for a finite period of time.
8. If a patient feels an incorrect determination was made, they may appeal. The patient will be asked to document the factors that would change the result.

Services:

Community Care write-off/discounts will apply to the following services provided by Fort HealthCare:

1. Inpatient
2. Outpatient Surgery
4. Outpatient Services
5. Physician Clinics
6. Lake Mills Urgent Care
7. Behavioral Health

Community Care Extensions:

Community Care approvals will be good for one year and not automatically extend to future services provided by Fort HealthCare, Inc.

Actions That May Be Taken In the Event of Non-Payment:

Fort HealthCare will inform all patients at the time of service that they may qualify for discounted fees. Fort HealthCare will send 4 statements to each eligible individual with progressively stronger language in attempt to collect outstanding balances. The statements will include invitations to eligible persons to contact a Business Services Representative in the event they are unable to pay the balances due.

During the period in which Fort HealthCare is sending the 4 statements, Fort HealthCare may 1) try to call the eligible person to discuss methods in which the individual will satisfy their outstanding balances (including encouragement to apply for Community Care) and/or, 2) may seek a credit check from a credit agency.

After the 4 statement or 120 days (if shorter) of non-payment, Fort HealthCare will enlist the assistance of a credit and collection agency to assist in the collection of the outstanding balances. The credit and collection agency will attempt to contact the eligible person via mail or phone and may do one or all of the following: 1) report adverse information about the eligible individual to a consumer credit reporting agency or credit bureau, 2) place a lien on an eligible individual's property, 3) file a small claims suite, or 4) garnish an individual's wages.

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