



## Policy & Procedure

Policy#: BUS1602		Page 1 of 5
Policy Title: Community Care Program – Financial Assistance Policy		
Applies to: All Hospital Based Services		
Generated by: Business Services	Reviewed/Revised: 2/97, 5/97, 5/01, 9/06, 10/07, 7/08, 12/08, 06/10, 2/11, 03/11, 6/11, 9/11, 10/12, 12/13, 12/14, 12/15, 2/17, <i>** Effective 5/1/17 all review/revision dates will be tracked electronically **</i>	
Effective Date: 6/96		
Replaces:		

### **PURPOSE:**

To establish guidelines for the Community Care Program to determine eligibility for discounted care based upon documented individual financial criteria.

### **POLICY STATEMENT:**

Western Wisconsin Health is committed to providing quality medical care to our patients, including those in need of financial assistance. As a result, our hospital Financial Assistance Policy is referred to as our Community Care Program. It is available to uninsured or underinsured patients based on the patient's ability to pay for emergency and other medically necessary care. Our policy is available to provide episodic help; it is not meant to provide long-term, free or discounted care. Our policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our hospital, and our emergency medical care policy.

Patients can obtain free copies of this policy and the Financial Assistance Discount Program application form in person at all patient registration locations. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at 715-684-1563, or at 1100 Bergslien Street Baldwin, WI 54002. Free copies of this policy, application form, and translations can also be accessed at our website [www.wvhealth.org](http://www.wvhealth.org)

Uninsured and underinsured patients with verifiable personal income that is at or below 300% of the current Federal Poverty Guidelines will be eligible for a Community Care Program discount. Applicants will be expected to provide a completed application, verification of income and verification of denial of coverage for all other potential payment sources as a condition of approval.

The Community Care Program is intended to ensure that all members of the communities served by the Medical Center can access essential medical care, regardless of what they can afford to pay. All elective (non-emergent) services will require prior approval before being scheduled. Discounts offered under this program are made available without consideration of race, color, religion, sex, age, national origin, citizenship, veteran status, marital status, handicap/disability or sexual orientation.

**DEFINITIONS:**

**Eligible Services** – All medically necessary hospital services billed by WWH are eligible for a Community Care Program discount with the following **exceptions**:

1. Cosmetic services.
2. Accounts placed with Collection Agencies or in a Legal Status.
3. Services offered on a Cash Only Basis.
4. Accounts involved in Third Party Litigation.
5. Accounts that have previously been paid in full. Community care will only be applied to the patients account balance at the time the application was received.  
*Rural Health Clinic services have their own policy. See policy 1609 Rural Health Clinic Sliding Fee Schedule Discount Policy for details.*

**Federal Poverty Guidelines** – The Federal Poverty Guidelines (FPG) shall be the poverty guidelines as established at the Federal level and as annually published in the Federal Register.

**Service Area** – WWH primary service area as defined by the zip codes:

<b><u>Primary</u></b>	
Baldwin	54002
Woodville	54028
Hammond	54015
Roberts	54023
Glenwood City	54013
Spring Valley	54767

**Uninsured** – A patient is uninsured when there is no third-party insurance or government program available to provide coverage for the care that is rendered.

**Underinsured** – A patient may be classified as underinsured when there is an established third-party insurance or government program providing initial payment for services rendered but the resulting balance due by the patients is something that cannot afford to pay.

**Eligibility Criteria:**

1. Are not eligible for any private or governmental sponsored coverage (Medicare; Medical Assistance, Medicaid, Badger Care, etc.);
2. Have no insurance coverage or have health insurance coverage, but are responsible for deductibles, coinsurance and other medically necessary services;
3. Have verifiable income that is at or below 300% of the current Federal Poverty Guidelines; and
4. Meet certain income eligibility criteria.

All applicants must provide the following:

1. A completed and signed *Community Care Application (CCAP)*;
2. Documentation substantiating that the applicant (patient) has applied for Medical Assistance and has received a coverage denial within three months of the CCAP;
3. A copy of the most recently filed Federal Income Tax Return, which shows the adjusted gross income and number of exemptions.
4. If disabled or unable to work, documentation that the applicant (patient) has applied for disability coverage and has received a coverage denial determination;
5. Assist WWH in determining that all other reasonable payment sources have been exhausted; Extenuating circumstances at the discretion of WWH

**Eligibility Requirements:** Eligibility for community care is based upon a combination of verifiable family size and income or resource availability. The Federal Poverty Guidelines published annually in the Federal Register are used to establish initial eligibility. Gross household income includes but is not limited to:

1. Wage and salaries
2. Income from state, federal and private sources
3. Social Security or Veteran benefits
5. Alimony and child support
6. Pensions and annuities
7. Unemployment and workers compensation benefits
8. Income from rental property
9. Service Area Eligibility:
  - a. Inside Primary Service Area: All Essential Services including Emergent & Elective.
  - b. Outside Primary Service Area: Emergent Services only.

**How to Apply:**

1. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) and any other supporting documents in person or mail to: Western Wisconsin Health, Patient Financial Services, 1100 Bergslien Street Baldwin WI, 54016.
2. Patients may also fax completed applications, appropriate income verification(s) and any other supporting documents to Patient Financial Services at 715-684-1569
3. Appropriate income verification(s) include a copy of the patient's most recent Federal 1040 tax return including all applicable schedules, and/or a benefit letter for Social Security, unemployment or disability benefits.
4. The application can be printed from our website at [www.wwhealth.org](http://www.wwhealth.org) or patients can obtain a copy by calling Patient Financial Services at 715-684-1563. We are open Monday - Friday from 8:30 am - 4 pm.
5. Designated staff in Patient Financial Services is available to assist patients by phone or in person with completing the application. Patients may also contact the Department of Human Services in the county in which they reside. Patients may contact Patient Financial Services at 715-684-1563 with questions about the application or to arrange/schedule an appointment with a representative

**Presumptive Financial Assistance Eligibility:**

All funding sources must be exhausted for the categories below prior to approval of Indigent Care. Presumptive eligibility may be determined based on individual life circumstances that may include:

1. Received care from a free clinic;
2. Participation in Women, Infants and Children programs (WIC);
3. Food stamp eligibility;
4. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid Eligible with spend-down);
6. Low income/subsidized housing is provided as a valid address;
7. Homeless person dependent on public assistance
8. Deceased Patients with no estate or estate has been settled.
9. Inmates providing the State or County are not responsible.

**Qualification and Discount Determination:** Individuals that have completed the application process and met established Program Criteria will be offered discounts according to the following schedule:

<b>UN-INSURED or UNDER-INSURED:</b>		
Income or Resource Availability Level	Discount Percentage	
0 – 100% of FPG	100%	
100% – 200% of FPG	100%	
200% -300% of FPG	50%	
Over 300% of FPG	Individually based on special circumstances	

**Catastrophic Financial Assistance:** In the event the patient or family experiences a catastrophic medical event resulting in medical bills that are large in comparison to the uninsured assets or financial means, an applicant may request special consideration of the catastrophic need. The medical center will take into consideration the following factors in determining eligibility for financial assistance as a result of a catastrophic event:

1. The amount owed by the patient in relationship to his/her total financial means.
2. The medical status of the patient or of his/her family member.
3. Whether the patient lives on a fixed income.

#### **LIST OF PROVIDERS IN HOSPITAL**

Western Wisconsin Health is required to list all providers, other than the Hospital itself, delivering emergency or other medically necessary care in the Hospital and specify which providers are covered by this Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting [www.wwhealth.org](http://www.wwhealth.org) or request a paper copy by contacting Patient Financial Services at 715-684-1563.

#### **EMERGENCY MEDICAL CARE POLICY**

Western Wisconsin Health provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The hospital prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of the hospital demanding that emergency department patients pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care. Western Wisconsin Health shall comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. Western Wisconsin Health shall provide all emergency services in accordance with CMS conditions of participation.

#### **SEPARATE BILLING & COLLECTIONS POLICY**

The actions that WWH may take in the event of nonpayment are described in a separate placement for collection activity policy. A free copy of the policy can be found on our website at [www.wwhealth.org](http://www.wwhealth.org).

#### **Patient Appeal Process:**

A patient who is denied community care shall be advised of the right to have the initial determination reviewed. The review shall be conducted by the Chief Executive Officer. The decision shall be final.